| Case 16-13681 Doc 1 Fill in this information to identify your case: | Filed 04/21/16  | Entered 04/21/16 15:09:42<br>age 1 of 70 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Charles                    |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued<br>picture identification (for<br>example, your driver's | Middle name  Rogers        | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years   |                            |   |
|    | Include your married or maiden names.   | Middle name                | Middle name                                   |
|    | madernames.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social   | XXX - XX0993               | xxx - xx-                                     |
|    | Security number or  | OR                         | OR  |
|    | federal Individual<br>Taxpayer  | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | Identification<br>number (ITIN)   |                            |   |

Charles Case 16-13681 Doc 1 Filed 04k24k16 Entered 04/21/16/15:09:42 Desc Main Debtor 1 Page 2 of 70 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 5939 S. Wabash Ave. Number Street Number Street Apt #1 Illinois 60603 Chicago Zip Code City State City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Document Prize Name Document Page 3 of 70

|     |   | out lour Bankrupto   | y Ousc   |                      |                        |  |  |
|-----|---|--|--|----------------------|------------------------|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under  |  | description of each, see <i>Notice Re</i> top of page 1 and check the approp |                      |                        | ) for Individuals Filing for Bankruptcy (Form  |  |
| 8.  | How you will pay the fee  | <ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |  |                      |                        |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ✓ No.  Yes. District  District  District   |  | _ When _ When _ When | MM/DD/YYYY  MM/DD/YYYY | Case number  Case number  Case number  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   |  | When                 |                        | Relationship to you  Case number, if known  Relationship to you  Case number, if known |  |
| 11. | Do you rent your residence?   | ✓ No. Go   | dlord obtained an eviction judgment  |                      |                        |  |  |

Charles Case 16-13681 Doc 1 Filed 04/201/16 Entered 04/21/16/15:09:42 Desc Main Debtor 1 Page 4 of 70 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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: Name Middle Name

Document

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

#### 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case):

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptor patition, and I received a contificate of

bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Charles Case 16-13681 Doc 1 Filed 04/201/16 Entered 04/201/16/15:09:42 Desc Main Page 6 of 70 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Charles Rogers Signature of Debtor 2 Signature of Debtor 1 Executed on \_\_\_\_4/21/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| rrect.  |       |  | ·             |
|---|-------|--|---------------|
| _/s/ Angie Harb<br>Signature of Attorney for Debtor | Da    | ate <u>4/21/2016</u><br>MM / DD / YYYY |               |
| Angie Harb Printed name                             |       |  |               |
| Semrad Law Firm<br>Firm name                        |       |  |               |
| Street  |       |  |               |
| City  | State | Zip Code                               |               |
| Contact phone                                       |       |  | semradlaw.com |
| Bar number  |       | State                                  |               |

<u>Doc 1 Filed 04/21/16 Entered 04/2</u>1/16 15:09:42 Desc Main Fill in this information to identify your case: Debtor 1 Charles Rogers First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$6,915.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$6,915.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$9,005.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$39.552.67 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$48,557.67 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$4,611.00 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J......

\$4,251.00

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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes.

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal.

| 7. \ | What kind of debt do you have?   |                          |            |  |  |  |  |  |  |
|------|--|--------------------------|------------|--|--|--|--|--|--|
|      | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |                          |            |  |  |  |  |  |  |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C this form to the court with your other schedules.  | heck this box and submit |            |  |  |  |  |  |  |
| 8.   | From the Statement of Your Current Monthly Income: Copy your total current monthly income from C Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | Official                 | \$2,414.00 |  |  |  |  |  |  |
| 9.   | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |                          |            |  |  |  |  |  |  |
|      | From Part 4 on Schedule E/F, copy the following:   | Total claim              |            |  |  |  |  |  |  |
|      | 9a. Domestic support obligations (Copy line 6a.)   | \$0.00                   | -          |  |  |  |  |  |  |
|      | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00                   |            |  |  |  |  |  |  |
|      | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00                   |            |  |  |  |  |  |  |
|      | 9d. Student loans. (Copy line 6f.)   | \$0.00                   |            |  |  |  |  |  |  |
|      | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   | \$0.00                   |            |  |  |  |  |  |  |
|      | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$0.00                   |            |  |  |  |  |  |  |
|      | Og Total Add lines Og through Of   | <b>\$0.00</b>            |            |  |  |  |  |  |  |

|                                   | Case 16-13681  | Doc 1  | Filed 04/21/16  | <u> Entered 04/2</u> 1/16 1   | 5:09:42 De                                   | sc Main   |
|-----------------------------------|--|--|---|---|--|---|
| Fill in this                      | s information to identify your case  | :  |   |   |  |   |
| Debtor 1                          | Charles  |  | Roge  | ers   |  |   |
| DODIOI 1                          | First Name   | Middle   | Name Last N   |   |  |   |
| Debtor 2                          |  |  |   |   |  |   |
| (Spouse,                          | if filing) First Name  | Middle   | Name Last N   | Name  |  |   |
| Linitad St                        | tates Bankruptcy Court for the:  | Northern   | District of II  | linois  |  |   |
| Officed Si                        | tates bankruptcy court for the.  | Northern   |   | State)  |  |   |
| Case nur                          |  |  | ,   |   |  |   |
| (If known)                        |  |  |   |   |  | _   |
| ⊃ffi⇔i,                           | al Form 106A/B   |  |   |   |  | Check if this is an                                       |
|                                   |  |  |   |   |  | amended filing  |
| Sche                              | dule A/B: Prope  | rty  |   |   |  | 12 <i>/</i> *   |
| ategory<br>esponsik<br>rrite your | where you think it fits best. Be<br>ble for supplying correct infor<br>r name and case number (if kn | as complete an<br>mation. If more s<br>own). Answer ev | d accurate as possible. space is needed, attach ery question. | n asset fits in more than one ca<br>If two married people are filing<br>a separate sheet to this form. (<br>Il Estate You Own or Have | together, both are e<br>On the top of any ac | equally   |
|                                   | u own or have any legal or equ   |  |   |   |  |   |
| DO JO                             | No. Go to Part 2   |  | rany residence, banding                                       | j, iaria, or sirmar property.   |  |   |
| 片                                 | Yes. Where is the property?  |  |   |   |  |   |
|                                   |  |  | What is the property  | γ2 Check all that apply   | on not deduct secure                         | d claims or exemptions. Put                               |
| 1.1                               |  |  | Single-family home  | _ th  | he amount of any sec                         | ured claims on <i>Schedule D:</i>                         |
|                                   | Street address, if available, or   | other description                                      | Duplex or multi-un  | (   | Creditors Who Have (                         | Claims Secured by Property.                               |
|                                   |  |  | Condominium or co   | ooperative  | Current value of the                         |   |
|                                   |  |  | Manufactured or m   | obile home  | entire property?                             | portion you own?  |
|                                   |  |  | Land  | _   |  |   |
|                                   | Number Street  |  | Investment property   | , E   | Describe the nature<br>nterest (such as fee  | of your ownership   |
|                                   | 0:   |  | Timeshare Other   | t   | he entireties, or a lit                      | fe estate), if known.                                     |
|                                   | City State   | Zip Code   |   |   |  |   |
|                                   |  |  | Who has an interest   | in the property? Check one.   | Check if this is                             | community property  |
|                                   |  |  | Debtor 1 only   | Ţ   | (see instruction                             | s)  |
|                                   |  |  | Debtor 2 only   |   |  |   |
|                                   |  |  | Debtor 1 and Debt   | •   |  |   |
|                                   |  |  | At least one of the   | debtors and another   |  |   |
|                                   |  |  | Other information yo<br>property identification               | ou wish to add about this item,   | such as local                                |   |
| lf vou                            | own or have more than one, list h  | ere.   | property identification                                       | ni iluliibei.   |  |   |
| ,00                               |  | - <del>-</del> -                                       | What is the property  | ? Check all that apply.   | o not deduct secured                         | d claims or exemptions. Put                               |
| 1.2                               |  |  | Single-family home  | _ th  |  | ured claims on Schedule D:<br>Claims Secured by Property. |
|                                   | Street address, if available, or   | other description                                      | Duplex or multi-un  |   | reditors who have t                          | • • •   |
|                                   |  |  | _ Condominium or co   | JUDEIAUVE   | Current value of the<br>entire property?     | Current value of the portion you own?                     |
|                                   |  |  | Manufactured or m   | obile home  | mare property.                               | ——————————————————————————————————————                    |
|                                   | Number Street  |  | Land  |   | Describe the materia                         | of vois our or bis  |
|                                   | Number Street  |  | Investment property   | ' ii  | Describe the nature<br>nterest (such as fee  | simple, tenancy by  |
|                                   | City State   | Zin Codo   | Timeshare Other   | t   | he entireties, or a lit                      | fe estate), if known.                                     |
|                                   | City State   | Zip Code   |   |   | -  |   |
|                                   |  |  | Who has an interest   | in the property? Check one.   |  | community property  |
|                                   |  |  | Debtor 1 only   | Γ   | (see instruction                             | s)  |
|                                   |  |  | Debtor 2 only   |   |  |   |
|                                   |  |  | Debtor 1 and Debtor   | •   |  |   |
|                                   |  |  | At least one of the   | debtors and another   |  |   |

Other information you wish to add about this item, such as local property identification number:

| 1.3  | et address, if available, or of   | ther description                         | Docume Page 11 of 70  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative   |  | •   |
|--|---|--|--|--|---|
|  |   |  | Manufactured or mobile home  | Current value of the entire property?  | Current value of the portion you own?           |
| Oity   | ber Street<br>State   | Zip Code                                 | Land Investment property Timeshare Other   | Describe the nature of interest (such as fee sin the entireties, or a life of  | mple, tenancy by                                |
|  |   |  | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another | Check if this is cor (see instructions)  | nmunity property                                |
| you have a see a s | ve attached for Part 1. Wri<br>Describe Your Vehiclern, lease, or have legal or | te that number her es equitable interest | all of your entries from Part 1, including any entries fre   | nclude any vehicles  |   |
|  | ns, trucks, tractors, sport util  |  |  |  |   |
| 3.1  | Make  Model: Year:  | Ford<br>Five<br>Hundred<br>2006          | Who has an interest in the property? Check one.  Debtor 1 only   | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Cla | •   |
|  | Approximate mileage: Other information: 2006 Ford Five Hundred 11               | 6,500                                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see                          | Current value of the entire property? \$5825.00                                | Current value of the portion you own? \$5825.00 |
|  | Make<br>Model:<br>Year:   |  | instructions)  Who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Cla | · · · · · · · · · · · · · · · · · · ·           |
|  | Approximate mileage:  |  | Debtor 2 only  | Current value of the   | Current value of the                            |

| Debtor 1 |  | Filed 04/21/16 Entered 04/21/11                        | anda da d  | c Main                                |  |
|----------|--|--|---|---------------------------------------|--|
|          | First Name Middle Name                       | Document Page 12 of 70                                 |   |                                       |  |
| 3.3      | Make   | Who has an interest in the property? Check             | Do not deduct secured cl  | •                                     |  |
|          | Model:                                       | one.   |   | ed claims on Schedule D:              |  |
|          | Year:  | Debtor 1 only  | Creditors Who Have Cla  | ims Secured by Property.              |  |
|          | Approximate mileage:                         | Debtor 2 only  | Current value of the  | Current value of the                  |  |
|          | Other information:                           | Debtor 1 and Debtor 2 only                             | entire property?  | portion you own?                      |  |
|          |  | At least one of the debtors and another                |   |                                       |  |
|          |  | Check if this is community property (see               |   |                                       |  |
|          |  | instructions)  |   |                                       |  |
| 3.4      | Make   | Who has an interest in the property? Check             | Do not deduct secured cl  | aims or exemptions. Put               |  |
|          | Model:                                       | one.   | the amount of any secured claims on Schedule D:   |                                       |  |
|          | Year:  | Debtor 1 only  | Creditors Who Have Cla  | ims Secured by Property.              |  |
|          | Approximate mileage:                         | Debtor 2 only  | Current value of the  | Current value of the                  |  |
|          | Other information:                           | Debtor 1 and Debtor 2 only                             | entire property?  | portion you own?                      |  |
|          |  | At least one of the debtors and another                |   |                                       |  |
|          |  | Check if this is community property (see instructions) |   |                                       |  |
|          | Yes  | Who has an intersect in the preparty? Check            | Do not doduct accured of  | laime or examptions. But              |  |
| 4.1      | Make   | Who has an interest in the property? Check             | Do not deduct secured cl  | •                                     |  |
|          | Model: Year:                                 | one.  Debtor 1 only                                    | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |                                       |  |
|          | Approximate mileage:                         | <b>a</b>   | Creditors willo Flave Cla   | iins secured by Froperty.             |  |
|          | , approximate mileage.                       | Debtor 2 only  | Current value of the  | Current value of the portion you own? |  |
|          | Other information:                           | Debtor 1 and Debtor 2 only                             | entire property?  |                                       |  |
|          |  | At least one of the debtors and another                |   |                                       |  |
|          |  | Check if this is community property (see instructions) |   |                                       |  |
| 42       | Make   | Who has an interest in the property? Check             | Do not deduct secured cl  | aims or exemptions. Put               |  |
|          | Model:                                       | one.   |   | ed claims on <i>Schedule D:</i>       |  |
|          | Year:  | Debtor 1 only  | Creditors Who Have Cla  | nims Secured by Property.             |  |
|          | Approximate mileage:                         | Debtor 2 only  | Current value of the  | Current value of the                  |  |
|          | Other information:                           | Debtor 1 and Debtor 2 only                             | entire property?  | portion you own?                      |  |
|          |  | At least one of the debtors and another                |   | <del></del>                           |  |
|          |  | Check if this is community property (see instructions) |   |                                       |  |
|          |  | all of your entries from Part 2, including any entries |   | 325.00                                |  |
| you ha   | ve attached for Part 2. Write that number he | ere  |   |                                       |  |

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Describe Your Personal and Household Items

| D        | o you own or ha  | ve any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|----------|--|---|--|
| 6        | 6. Household goods                                       | and furnishings   |  |
|          | _  | iances, furniture, linens, china, kitchenware   |  |
|          | No   |   |  |
| V        | Yes. Describe  | Used Furniture  | \$300.00   |
|          | -  |   | 4000.00  |
|          |  | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music<br>s; electronic devices including cell phones, cameras, media players, games |  |
| ✓        | No   |   |  |
|          | Yes. Describe  |   |  |
|          |  |   |  |
|          |  | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles   |  |
| F        | Yes. Describe  |   |  |
|          | 1 22 - 220   |   |  |
|          |  | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments                     |  |
| V        | No   |   |  |
|          | Yes. Describe  |   |  |
|          | O. Firearms  Examples: Pistols, rifle  No  Yes. Describe | es, shotguns, ammunition, and related equipment   |  |
| Н        | 100. 2000.120  |   |  |
|          | 1. Clothes Examples: Everyday o                          | clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| ✓        | Yes. Describe  | Misc. Clothing  | \$250.00   |
|          |  |   | <del>,</del>   |
|          | 2. Jewelry Examples: Everyday je gold, silve             | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r  |  |
| <b>✓</b> | No   |   |  |
|          | Yes. Describe  |   |  |
|          | 3. Non-farm animals Examples: Dogs, cats                 |   |  |
| F        | Yes. Describe  |   |  |
| -        | 1 30. 2 000  |   |  |
|          |  | al and household items you did not already list, including any health aids you did not list   |  |
| <b>✓</b> | No   |   |  |
|          | Yes. Describe  |   |  |
|          |  | lue of all of your entries from Part 3, including any entries for pages you have attached number here   | \$550.00   |

Charles Case 16-13681 Doc 1 Debtor 1 Document Page 14 of 70 **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: TCF Bank \$40.00 17.2. Checking account: 17.3. Savings account:

# 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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|-----|--|-----------------------------|---|---|------------------------|
|     | First Name   | Middle Name                 | Documetnit <sup>me</sup>  | Page 15 of 70   |                        |
| 20. | Government and cor<br>Negotiable instruments<br>Non-negotiable instrum |                             |   |   |                        |
|     | Yes. Give specific information about them                              | Issuer name:                |   |   |                        |
| 21. |  |                             |   |   |                        |
|     | No No  | IRA, ERISA, Keogn, 401(K    | ), 403(b), thrift savings accou                                   | nts, or other pension or profit-sharing pl                | ans                    |
|     | Yes. List each account separately                                      | Type of account:            | Institution name:   |   |                        |
|     | account separately   | () or ommar plant           |   |   |                        |
|     |  | Pension plan:               |   |   |                        |
|     |  | IRA:                        |   |   |                        |
|     |  | Retirement account:         |   |   |                        |
|     |  | Keogh:                      |   |   |                        |
|     |  | Additional account:         |   |   |                        |
|     |  | Additional account:         |   |   |                        |
| 22. | Your share of all unused   | d deposits you have made s  | o that you may continue serviont, public utilities (electric, gas | ce or use from a company<br>s, water), telecommunications |                        |
|     | Yes  |                             | Institution name:   |   |                        |
|     |  | Electric:                   |   |   |                        |
|     |  | Gas:                        |   |   |                        |
|     |  | Heating oil:                |   |   |                        |
|     |  | Security deposit on rent    | al unit:  |   |                        |
|     |  | Prepaid rent:               |   |   |                        |
|     |  | Telephone:                  |   |   |                        |
|     |  | Water:                      |   |   |                        |
|     |  | Rented furniture:           |   |   |                        |
|     |  | Other:                      |   |   |                        |
| 23. | Annuities (A contract f  | or a periodic payment of mo | oney to you, either for life or fo                                | or a number of years)                                     |                        |
|     | ✓ No  Yes  | Issuer name and descri      | ption:  |   |                        |
|     |  |                             |   |   |                        |
|     |  |                             |   |   |                        |
|     |  |                             |   |   |                        |

| Debte | or 1      | Charles Ca              | ase 1       | 6-13681                            | Doc 1  Middle Name                 |               |                   | <u>Entered</u> <b>04/2</b> 1<br>Page 16 of 70 | Ы√11.6 /11.5;09: <u>42</u> | Desc Main   |
|-------|-----------|-------------------------|-------------|------------------------------------|------------------------------------|---------------|-------------------|---|----------------------------|---|
| 24.   |           |                         |             | ation IRA, in a<br>), 529A(b), and |                                    | a qualifie    | d ABLE progra     | m, or under a qualified                       | state tuition program.     |   |
|       |           | No<br>Yes               | Institution | on name and d                      | lescription. Sep                   | parately file | the records of a  | ny interests.11 U.S.C. § s                    | 521(c):                    |   |
| 25.   | exe       | rcisable fo             | or your l   |                                    | ts in property                     | (other tha    | an anything lis   | ted in line 1), and right:                    | s or powers                |   |
| 26.   | ∐<br>Pate | Yes. Desc<br>ents, copy |             | trademarks, t                      | rade secrets,                      | and other     | intellectual pro  | pperty  |                            |   |
|       | Еха       |                         | rnet don    |                                    |                                    |               |                   | sing agreements                               |                            |   |
| 27.   |           |                         |             |                                    | eneral intangil<br>e licenses, coo |               | ssociation holdin | gs, liquor licenses, profe                    | ssional licenses           |   |
|       |           | No<br>Yes. Desc         | ribe        |                                    |                                    |               |                   |   |                            |   |
| Mon   | iey (     | or prope                | erty ov     | ved to you                         | ?                                  |               |                   |   |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.   | Tax       | refunds ov              | ved to y    | /ou                                |                                    |               |                   |   |                            |   |
|       | <b>V</b>  |                         |             |                                    |                                    |               |                   |   |                            |   |
|       | Π,        |                         |             | nformation<br>ncluding wheth       | er                                 |               |                   |   | Federal:                   |   |
|       |           | you a                   | Iready fi   | led the returns                    |                                    |               |                   |   | State:                     |   |
| 29    | Fam       | ily suppor              | •           | , aro                              |                                    |               |                   |   | Local:                     |   |
|       |           |                         |             | ump sum alimo                      | ony, spousal sup                   | oport, child  | support, mainte   | nance, divorce settlemen                      | t, property settlement     |   |
|       | <b>V</b>  | No                      |             |                                    |                                    |               |                   |   | AF                         |   |
|       | ∐ ·       | Yes. Give s             | pecific i   | nformation                         |                                    |               |                   |   | Alimony:                   |   |
|       |           |                         |             |                                    |                                    |               |                   |   | Maintenance:               |   |
|       |           |                         |             |                                    |                                    |               |                   |   | Support:                   |   |
|       |           |                         |             |                                    |                                    |               |                   |   | Divorce settlement         |   |
| 30.   | Othe      | er amounts              | s some      | one owes you                       |                                    |               |                   |   | Property settlemen         | <u> </u>  |
|       |           | <i>nples:</i> Unpa      | aid wage    | es, disability ins                 | surance payme                      |               | -                 | pay, vacation pay, worker                     | s' compensation,           |   |
|       |           |                         | ai Secui    | rity benefits; un                  | paid loans you                     | made to so    | omeone else       |   |                            |   |
|       |           | No<br>Yes. Descr        | ibe         |                                    |                                    |               |                   |   |                            |   |
|       | _         | 5001                    |             |                                    |                                    |               |                   |   |                            |   |

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|------|--------|---|-------------------|----------------------|----------------|--------------------|----------------|-------------------|----------------------------|-------------------|--|
| 31.  |        | rests in insurance p<br>mples: Health, disabi                                   |                   | rance; health        |                |                    | Ū              |                   | r's insurance              |                   |  |
|      |        | No<br>Yes. Name the insura<br>of each policy and lis                            |                   |                      | Company nam    | ne:                |                |                   | Beneficiary:               |                   | Surrender or refund value:   |
| 32.  | If you | interest in property u are the beneficiary erty because someor No Yes. Describe | of a living trust |                      |                |                    | policy, or are | currently entitle | ed to receive              |                   |  |
| 33.  |        | ms against third pa<br>mples: Accidents, em                                     |                   |                      |                |                    | ade a dema     | nd for payme      | nt                         |                   |  |
|      |        | No<br>Yes. Describe   |                   |                      |                |                    |                |                   |                            |                   |  |
| 34.  |        | er contingent and u<br>et off claims  | unliquidated      | claims of ev         | very nature, i | ncluding co        | unterclaims    | of the debtor     | and rights                 |                   |  |
|      | H      | No<br>Yes. Describe   |                   |                      |                |                    |                |                   |                            |                   |  |
| 35.  | _      | financial assets yo   | u did not alre    | ady list             |                |                    |                |                   |                            |                   |  |
|      |        | Yes. Describe   |                   |                      |                |                    |                |                   |                            | _                 |  |
| 36.  |        | the dollar value of<br>Part 4. Write that nu                                    | -                 |                      |                |                    |                | -                 |                            |                   | \$40.00  |
| Part | 5:     | Describe Any B  | usiness-Ro        | elated Pro           | perty You      | Own or H           | ave an Int     | erest In. Li      | st any real estate         | in P              | art 1.   |
| 37.  | Do y   | ou own or have an   | y legal or equ    | uitable intere       | est in any bu  | siness-relate      | d property?    |                   |                            |                   |  |
|      |        | No. Go to Part 6.<br>Yes. Go to line 38.  |                   |                      |                |                    |                |                   |                            | <b>po</b> i<br>Do | rrent value of the rtion you own? not deduct secured claims exemptions |
| 38.  | _      | ounts receivable or   | commissions       | s you alread         | y earned       |                    |                |                   |                            |                   |  |
|      | =      | Yes. Describe   |                   |                      |                |                    |                |                   |                            | _                 |  |
| 39.  |        | ce equipment, furn<br>mples: Business-rela                                      |                   |                      | odems, printe  | rs, copiers, fa    | x machines,    | rugs, telephone   | es, desks, chairs, electro | onic de           | evices   |
|      |        | No<br>Yes. Describe   |                   |                      |                |                    |                |                   |                            |                   |  |

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|--------------|----------|--|-------------------|-------------------------------|------------------------------|-----------------------------|------------------------|----------|--------------------------------------|
| 40.          | Mac      | hinery, fixtures, eq                             | uipment, sup      | plies you us                  | se in business, and tools    | of your trade               |                        |          |                                      |
|              | <b>✓</b> | No   |                   |                               |                              |                             |                        |          |                                      |
|              |          | Yes. Describe                                    |                   |                               |                              |                             |                        |          |                                      |
| 41.          | Inve     | entory   |                   |                               |                              |                             |                        |          |                                      |
|              | <b>✓</b> | No   |                   |                               |                              |                             |                        |          |                                      |
|              |          | Yes. Describe                                    |                   |                               |                              |                             |                        | <u> </u> |                                      |
| 42.          | Inte     | rests in partnershi                              | ps or joint ve    | entures                       |                              |                             |                        | -        |                                      |
|              | <b>✓</b> | No   |                   |                               |                              |                             |                        |          |                                      |
|              |          | Yes. Give specific                               |                   |                               | Name of entity:              |                             | % of ownership:        |          |                                      |
|              |          | information about                                |                   |                               |                              |                             |                        |          |                                      |
|              |          | them   |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
| 43. <b>C</b> | Custo    | omer lists, mailing                              | lists. or othe    | r compilatio                  | ns                           |                             |                        |          |                                      |
|              | <b>V</b> | _  | ,                 | •                             |                              |                             |                        |          |                                      |
|              | =        |  | clude personal    | llv identifiable              | e information (as defined in | 11 U.S.C. § 101(41A))?      |                        |          |                                      |
|              | _        | _  |                   | .,                            | (                            | 3 ( , , , .                 |                        |          |                                      |
|              |          | ∐ No   |                   |                               |                              |                             |                        |          |                                      |
|              |          | Yes. Descri                                      | ibe               |                               |                              |                             |                        |          |                                      |
| 44.          | Any      | business-related p                               | roperty you       | did not alrea                 | dy list                      |                             |                        |          |                                      |
|              | <b>~</b> | No   |                   |                               |                              |                             |                        |          |                                      |
|              | =        | Yes. Give specific                               |                   |                               |                              |                             |                        |          |                                      |
|              | _        | information                                      |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  |                   |                               |                              |                             |                        |          |                                      |
|              |          |  | -                 |                               |                              | for pages you have attach   |                        |          |                                      |
| Part         | 6:       | Describe Any F                                   | arm- and (        | Commerci<br>mland, list it in | al Fishing-Related P         | roperty You Own or H        | lave an Interest In    | ۱.       |                                      |
| 46.          | Do       | you own or have a                                | ny legal or eq    | uitable inter                 | rest in any farm- or comm    | ercial fishing-related prop | erty?                  |          |                                      |
|              |          | No. Go to Part 7.                                | - '               |                               | -                            |                             |                        |          | urrent value of the                  |
|              | Ħ        | Yes. Go to line 47.                              |                   |                               |                              |                             |                        |          | ortion you own? o not deduct secured |
|              |          |  |                   |                               |                              |                             |                        |          | aims                                 |
|              |          |  |                   |                               |                              |                             |                        | or       | exemptions                           |
| 47.          |          | <b>m animals</b><br><i>mples:</i> Livestock, pou | ıltrv. farm-raise | ed fish                       |                              |                             |                        |          |                                      |
|              | _        |  | any, raini-iaist  | od Horr                       |                              |                             |                        |          |                                      |
|              |          | No<br>Yan Danasiha                               |                   |                               |                              |                             |                        | 1        |                                      |
|              | Ш        | Yes. Describe                                    |                   |                               |                              |                             |                        |          |                                      |

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|--------------|----------|---|--|-------------------------------------|------------------------|---------------|---|------------------|-------------|
| 48.          | Cro      | ps-either growing   | or harvested                             | ı                                   | 2004                   | . ago         |   |                  |             |
|              | <b>✓</b> | No  |  |                                     |                        |               |   |                  |             |
|              |          | Yes. Describe   |  |                                     |                        |               |   | _                |             |
| 49.          | Farı     | m and fishing equip   | pment, imple                             | ements, mach                        | inery, fixtures, and t | ools of trade |   |                  |             |
|              | <b>✓</b> | No  |  |                                     |                        |               |   |                  |             |
|              |          | Yes. Describe   |  |                                     |                        |               |   | _                |             |
| 50.          | Farı     | m and fishing supp  | lies, chemic                             | als, and feed                       |                        |               |   |                  |             |
|              |          | No  |  |                                     |                        |               |   |                  |             |
|              | Ш        | Yes. Describe   |  |                                     |                        |               |   |                  |             |
| 51.          |          | farm- and comment<br>farm- and co |  |                                     | ty you did not alread  | dy list       |   |                  |             |
|              | <b>✓</b> | No  |  |                                     |                        |               |   |                  |             |
|              |          | Yes. Describe   |  |                                     |                        |               |   | _                |             |
|              |          |   |  |                                     |                        |               |   |                  |             |
|              |          |   | -  |                                     | 6, including any ent   |               | •   |                  |             |
|              |          |   |  |                                     |                        |               |   | _                |             |
|              |          |   |  |                                     |                        |               |   |                  |             |
| Part         |          |   |  |                                     |                        | n That You I  | Did Not List Above                        |                  |             |
| 53.          | Exar     | ou have other properties: Season tickets  | <b>perty of any</b> l<br>s, country club | <b>kınd you did r</b><br>membership | not already list?      |               |   |                  |             |
|              | <b>✓</b> | No  |  |                                     |                        |               |   |                  |             |
|              |          | Yes. Give specific  |  |                                     |                        |               |   |                  |             |
|              |          | information   |  |                                     |                        |               |   |                  |             |
|              |          |   |  |                                     |                        |               |   |                  |             |
| 54. A        | dd th    | e dollar value of all   | l of vour entr                           | ries from Part                      | 7. Write that numbe    | r here        |   |                  |             |
|              |          |   | ,  |                                     |                        |               |   |                  |             |
|              |          |   |  |                                     |                        |               |   |                  |             |
| Part         | 8:       | List the Totals   | of Each Pa                               | art of this F                       | orm                    |               |   |                  |             |
| 55. <b>I</b> | Part 1   | : Total real estate, I  | line 2                                   |                                     |                        |               | <b>&gt;</b>                               |                  |             |
|              |          |   | _  |                                     |                        |               |   |                  |             |
|              |          | total vehicles, line  |  |                                     |                        | 25.00         | <u> </u>                                  |                  |             |
|              |          | : Total personal and  |  | l items, line 15                    | \$550                  | 0.00          | _   |                  |             |
|              |          | : Total financial ass   |  |                                     | \$40.                  | 00            | <u> </u>                                  |                  |             |
|              |          | : Total business-re   |  |                                     |                        |               | <u>—</u>                                  |                  |             |
| 60. <b>I</b> | Part 6   | : Total farm- and fi  | ishing-relate                            | d property, lir                     | ne 52<br>              |               | <u> </u>                                  |                  |             |
| 61. <b>I</b> | Part 7   | : Total other prope   | erty not listed                          | d, line 54                          |                        |               |   |                  |             |
| 62.          | Γotal    | personal property.  | Add lines 56 t                           | through 61                          | \$641                  | 5.00          | _   |                  | + \$6415.00 |
|              |          |   |  |                                     |                        |               | Copy personal pro                         | operty total ►   |             |
| 62 7         | otal a   | of all proporty on S  | chodulo A/D                              | Add ling EE :                       | lino 62                |               |   |                  | \$6415.00   |

| Filli  | in this inform  | Case 16-13681 ation to identify your case:  | Doc 1                                 | Filed 04/   | /21/16   | Entered 04/2   | 1/16 15:09:42  | Desc Main  |
|--|---|---|---------------------------------------|---|--|--|--|--|
|  | otor 1  | Charles<br>First Name   | Mida                                  | lle Name  | Rogers   |  |  |  |
|  | otor 2<br>ouse, if filing)  |   |                                       | lle Name  | Last Nar<br>Last Nar   |  |  |  |
| Unit   | ted States Ba   | ankruptcy Court for the:  | Northern                              |   | District of Illing   |  |  |  |
|  | se number<br>nown)  |   |                                       |   | (Sta   | ate)   |  |  |
| Of   | ficial F  | orm 106C  |                                       |   |  |  | 1  | Check if this is a amended filing  |
| Sc   | hedul   | e C: The Prop   | _                                     |   |  |  |  | 12/1<br>sible for supplying correct  |
| For<br>is to<br>exer<br>rece<br>exer<br>prop | each iten o state a s mpted up eive certa mption of perty is d  t1: Ident Which set | additional pages, wring of property you classed in a pecific dollar amout to the amount of a in benefits, and tax | aim as exemny applications. 11 U.S.C. | mpt, you mu upt. Alternativ ble statutory stirement fun der a law that unt, your exe Exempt eck one only, eve cy exemptions. 11 § 522(b)(2) | st specify yely, you m limit. Som ds—may b t limits the emption we on if your spou | nown).  the amount of hay claim the functions of the exemptions of the exemption to could be limited see is filing with you. | the exemption you<br>ull fair market value<br>—such as those fo<br>dollar amount. Ho<br>a particular dollar<br>to the applicable s | ional Page as necessary. On claim. One way of doing so e of the property being r health aids, rights to wever, if you claim an amount and the value of the statutory amount. |
|  |   | ription of the property a<br>lle A/B that lists this pro  |                                       | portion you   |  | the exemption yo   |  | cific laws that allow exemption  |
|  |   |   | Сору                                  | y the value from<br>edule A/B   |  |  |  |  |
|  | Brief<br>description  | TCF Bank  |                                       | \$40.00   | <b>7</b>   |  |  | 735 ILCS 5/12-1001(b)  |
|  | Line from<br>Schedule A   |   |                                       |   | 100% (   | \$40.00<br>of fair market value, unable statutory limit  | ip to any  |  |
|  | Brief<br>description  | : Used Furniture  |                                       | \$300.00  | <b>√</b>   |  |  | 735 ILCS 5/12-1001(b)  |
|  | Line from<br>Schedule A   |   |                                       |   | 100% (   | \$300.00<br>of fair market value, uble statutory limit   |  |  |
| 3.   | (Subject to   | aiming a homestead exer<br>adjustment on 4/01/19 and<br>id you acquire the property                               | every 3 years                         | after that for case   | es filed on or a   | ·  | ,  |  |

No Yes

Entered 04/21/16/165:09:42 Desc Main Doc 1 Charles Case 16-13681 Filed 04/201/16 Debtor 1 Document the Document Page 21 of 70 Part 2: Additional Page Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$250.00 **✓** Misc. Clothing description:

\$250.00

100% of fair market value, up to any

applicable statutory limit

Line from

Schedule A/B:

11

|                    | Case 16-13681                               | Doc 1 Filed                                  | 04/21/16             | Entered 04/21/            | 16 15:09:42            | Desc Main           |                                    |
|--------------------|---|--|----------------------|---------------------------|------------------------|---------------------|------------------------------------|
| Fill in this infor | mation to identify your case:               |  |                      | J                         |                        |                     |                                    |
| Debtor 1           | Charles                                     | AP-LU-NI                                     | Rogers               |                           |                        |                     |                                    |
| Debtor 2           | First Name                                  | Middle Name                                  | Last Na              | ame                       |                        |                     |                                    |
| (Spouse, if filin  | g) First Name                               | Middle Name                                  | Last Na              | ame                       |                        |                     |                                    |
| United States I    | Bankruptcy Court for the:                   | Northern                                     | District of Illin    | _                         |                        |                     |                                    |
| Case number        |   |  | (St                  | ate)                      |                        |                     |                                    |
| (If known)         |   |  |                      |                           |                        | Пск                 | and if this is a                   |
| Official           | Form 106D                                   |  |                      |                           |                        |                     | neck if this is a<br>nended filing |
| Schedu             | ule D: Credito                              | rs Who Hav                                   | ve Claim             | ns Secured                | by Prope               | rtv                 | 12/1                               |
|                    | lete and accurate as p                      |  |                      |                           |                        |                     |                                    |
| -                  | rmation. If more space                      |  |                      |                           |                        | -                   |                                    |
| orm. On the        | e top of any additiona                      | l pages, write your                          | name and ca          | ase number (if kno        | own).                  |                     |                                    |
| 1. Do any c        | reditors have claims secure                 | ed by your property?                         |                      |                           |                        |                     |                                    |
| No. 0              | Check this box and submit this              | form to the court with you                   | ır other schedules   | . You have nothing else t | o report on this form. |                     |                                    |
| ✓ Yes.             | Fill in all of the information be           | low.   |                      |                           |                        |                     |                                    |
| Part 1: List       | All Secured Claims                          |  |                      |                           |                        |                     |                                    |
| 2. List all se     | cured claims. If a creditor ha              | s more than one secured                      | claim, list the cred | ditor separately for each | Column A               | Column B            | Column C                           |
| claim. If m        | ore than one creditor has a pa              | articular claim, list the oth                | er creditors in Par  |                           | Amount of claim        | Value of collateral | Unsecured                          |
| possible, l        | ist the claims in alphabetical of           | order according to the cre                   | ditor's name.        |                           | Do not deduct the      | that supports this  | portion                            |
| D 1 CREDIT         | ACCEPTANCE                                  |  |                      |                           | value of collateral.   | claim<br>#E 935 00  | If any                             |
| Creditor's I       | Name  | Describe the propert                         | y that secures th    | he claim:                 | \$7,308.00             | \$5,825.00          | <u>\$1,483.00</u>                  |
| PO BOX Numbe       |   | 048 Automobile                               |                      |                           |                        |                     |                                    |
|                    |   | As of the date you fil                       | e, the claim is: C   | Check all that apply.     |                        |                     |                                    |
| Southfiel          | d Michigan 48037                            | Contingent                                   |                      |                           |                        |                     |                                    |
| City               | State ZIP Code es the debt? Check one.      | =  |                      |                           |                        |                     |                                    |
|                    | or 1 only                                   | Disputed                                     |                      |                           |                        |                     |                                    |
| =                  | or 2 only                                   | Nature of lien. Check                        | ,                    |                           |                        |                     |                                    |
|                    | or 1 and Debtor 2 only                      | An agreement you car loan)                   | u made (such as r    | mortgage or secured       |                        |                     |                                    |
|                    | st one of the debtors and                   | Statutory lien (suc                          | h as tax lien, med   | chanic's lien)            |                        |                     |                                    |
| anoth              | er<br>k if this claim relates to a          | Judgment lien from                           | m a lawsuit          |                           |                        |                     |                                    |
| comr               | nunity debt                                 | Other (including a                           | right to offset)     |                           |                        |                     |                                    |
| Date debt          | t was incurred                              | Last 4 digits of acco                        | unt number           | 5868                      |                        |                     |                                    |
| 2.2 CARPET         | CORNR                                       |  |                      |                           | \$1,697.00             | \$500.00            | \$1,197.00                         |
| Creditor's I       | Name<br>shland Ave.                         | Describe the propert                         | y that secures th    | he claim:                 | <u> </u>               |                     |                                    |
| Numbe              |   | Bedroom and Living R As of the date you file |                      |                           |                        |                     |                                    |
| Chicago            | Illinois 60609                              | Contingent                                   |                      |                           |                        |                     |                                    |
| City               | State ZIP Code                              | e Unliquidated                               |                      |                           |                        |                     |                                    |
|                    | es the debt? Check one. or 1 only           | Disputed                                     |                      |                           |                        |                     |                                    |
| =                  | or 2 only                                   | Nature of lien. Check                        | all that apply.      |                           |                        |                     |                                    |
| =                  | or 1 and Debtor 2 only                      | An agreement you car loan)                   | u made (such as r    | mortgage or secured       |                        |                     |                                    |
| At lea             | st one of the debtors and                   | Statutory lien (suc                          | ch as tax lien, med  | chanic's lien)            |                        |                     |                                    |
| anoth              |   | Judgment lien from                           | -                    | ,                         |                        |                     |                                    |
| — comr             | k if this claim relates to a<br>nunity debt | Other (including a                           |                      |                           |                        |                     |                                    |
| Date debt          | t was incurred                              | Last 4 digits of acco                        | unt number           |                           |                        |                     |                                    |
|                    | Add the dollar value of yo                  |  |                      | Vrite that number         | \$9,005.00             |                     |                                    |

|                              |   | Case 16-13681   |   | 04/21/16   | Entered 04/   | <b>2</b> 1/16 15:09:42                             | . Desc                            | Main                        |                               |
|------------------------------|---|---|---|--|---|--|-----------------------------------|-----------------------------|-------------------------------|
| Fill in                      | this informa                                    | ation to identify your case   | :   |  |   |  |                                   |                             |                               |
| Debto                        |   | Charles<br>First Name   | Middle Name   | Roger<br>Last N  |   |  |                                   |                             |                               |
| Debto                        |   | First Name  | Middle Name   | Lastin   | ame   |  |                                   |                             |                               |
|                              |   | First Name  | Middle Name   | Last N   | ame   |  |                                   |                             |                               |
| Unite                        | d States Ba                                     | nkruptcy Court for the:   | Northern  | District of Illi   |   |  |                                   |                             |                               |
| Case<br>(If kno              | number  |   |   | (5   | State)  |  |                                   |                             |                               |
| •                            |   | orm 106E/F  |   |  |   |  | Chec                              | ck if this is an            | amended filing                |
|                              |   |   | alita na NA/la a  |  |   | l Claima   |                                   |                             |                               |
| <b>SCI</b>                   | neau  | ie E/F: Cre   | ditors Who  | Have U   | nsecured  | Claims   |                                   |                             | 12/15                         |
| 106Å/E<br>are list<br>the bo | B) and on Sted in Sche<br>exes on the           | Schedule G: Executory edule D: Creditors Who left. Attach the Contin                        | xpired leases that could r<br>Contracts and Unexpire<br>o Hold Claims Secured b<br>ouation Page to this page<br>Y Unsecured Claims                                | d Leases (Officiant of the series of the ser | al Form 106G). Do r<br>ore space is needed                | not include any credito<br>d, copy the Part you no | rs with parti<br>eed, fill it out | ally secured<br>, number th | l claims that<br>e entries in |
| 1.                           | ✓ No. Go  | ditors have priority unso to Part 2.  | secured claims against yo   | ou?  |   |  |                                   |                             |                               |
|                              | Yes.  |   |   |  |   |  |                                   |                             |                               |
| i<br>1<br>1                  | identify wha<br>possible, list<br>Part 1. If mo | t type of claim it is. If a cla<br>t the claims in alphabetic<br>ore than one creditor hold | claims. If a creditor has mo<br>aim has both priority and no<br>al order according to the cre<br>ds a particular claim, list the<br>laim, see the instructions fo | npriority amounts,<br>editor's name. If y<br>other creditors in  | list that claim here a<br>ou have more than to<br>Part 3. | nd show both priority and                          | d nonpriority a                   | amounts. As r               | much as                       |
|                              |   |   |   |  |   |  | Total claim                       | Priority amount             | Nonpriority amount            |
|                              |   |   |   |  |   |  |                                   |                             |                               |

Doc 1 Charles Case 16-13681 Debtor 1 Documੰਵਾਂਸੇਿੰਾ Page 24 of 70 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 AMER FST FIN \$1,665.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name 3515 N. Ridge Rd, Suite 200 When was the debt incurred? 2/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wichita Kansas 67205 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 Americash Loans \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 1431 W Montrose Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60613 Chicago Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 ARMOR SYSTEMS CO \$39.00 Last 4 digits of account number 3399 Nonpriority Creditor's Name 1700 KIEFER DR STE 1 When was the debt incurred? 9/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent ZION Illinois 60099 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No

Yes

Debtor 1 Charles Case 16-13681 Doc 1 Filed 04/24/416 Entered 04/24/4166/45:09:42 Desc Main
First Name Document Page

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|---|--|-------------|
| 4.4 | CAPITAL ONE AUTO FINAN  | - Last 4 digits of account number 1001   | \$11,787.00 |
|     | Nonpriority Creditor's Name<br>3901 DALLAS PKWY                 | When was the debt incurred? 9/1/2012   |             |
|     | Number Street   |  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|     | PLANO Texas 75093   | <u> </u>   |             |
|     | City State Zip Code  Who incurred the debt? Check one.          | Unliquidated   |             |
|     | Debtor 1 only   | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only                                      | Student loans  |             |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify   |             |
|     | ✓ No  |  |             |
|     | Yes   |  |             |
| 4.5 | ComEd   | Last 4 digits of account number  | \$250.00    |
|     | Nonpriority Creditor's Name<br>3 Lincoln Center                 | When was the debt incurred?  |             |
|     | Number Street   | <del></del>  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|     | Oakbrook Terrace Illinois 60181                                 | <b>=</b>   |             |
|     | City State Zip Code Who incurred the debt? Check one.           | Unliquidated   |             |
|     | Debtor 1 only   | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only                                      | Student loans  |             |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims    |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify   |             |
|     | ✓ No  |  |             |
|     | Yes   |  |             |
| 4.6 | CONVERGENT OUTSOURCING  | Last 4 digits of account number  | \$1,254.67  |
|     | Nonpriority Creditor's Name<br>Po Box 9004                      | When was the debt incurred?  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|     |   | Contingent   |             |
|     | Renton Washington 98057   | Unliquidated   |             |
|     | City State Zip Code Who incurred the debt? Check one.           | Disputed   |             |
|     | Debtor 1 only   | <del></del>  |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only                                      | Student loans  |             |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify   |             |
|     | ✓ No  |  |             |
|     | Yes   |  |             |

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First Name Docume 11th Page 26 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning                   | g with 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|---|--|-------------|
| 4.7 | Edward Hines, Jr. VA Hospital   | Last 4 digits of account number  | \$3,000.00  |
|     | Nonpriority Creditor's Name<br>5000 S 5th Ave, Hines                            | When was the debt incurred?  |             |
|     | Number Street   |  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent   |             |
|     | W   | Unliquidated   |             |
|     | Hines Illinois 60141 City State Zip Code  | Disputed   |             |
|     | Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 only   | Student loans  |             |
|     | Debtor 2 only   | Obligations arising out of a separation agreement or divorce that  |             |
|     | Debtor 1 and Debtor 2 only  | you did not report as priority claims  |             |
|     | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Check if this claim relates to a community debt Is the claim subject to offset? | ✓ Other. Specify   |             |
|     | No  |  |             |
|     | ☐ Yes   |  |             |
| 4.8 | FST PREMIER   | Lord A Parks of a constraint and a const | \$463.00    |
|     | Nonpriority Creditor's Name<br>3820 N LOUISE AVE                                | Last 4 digits of account number 1238   | Ψ-00.00     |
|     | Number Street   | When was the debt incurred? 11/1/2015  |             |
|     |   | As of the date you file, the claim is: Check all that apply.   |             |
|     | SIOUX FALLS South Dakota 57107  | Contingent   |             |
|     | City State Zip Code   | Unliquidated   |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                                | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only  | Student loans  |             |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|     | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?   | ✓ Other. Specify   |             |
|     | No  |  |             |
|     | Yes   |  |             |
| 4.9 | Internal Revenue Service  | Last 4 divite of account number  | \$2,974.00  |
|     | Nonpriority Creditor's Name<br>P.O. Box 7346                                    | Last 4 digits of account number  |             |
|     | Number Street   | When was the debt incurred?n/a   |             |
|     |   | As of the date you file, the claim is: Check all that apply.   |             |
|     | Philadelphia Pennsylvania 19101   | Contingent   |             |
|     | City State Zip Code   | Unliquidated   |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                                | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only  | Student loans  |             |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|     | Check if this claim relates to a community debt                                 | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?   | ✓ Other. Specify   |             |
|     | No  |  |             |
|     | □ Voc   |  |             |

Debtor 1 Charles Case 16-13681 Doc 1 Filed 04/201/316 Entered 04/201/106 (165:09:42 Desc Main First Name Documental Page 27 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|      | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.  | Total claim |
|------|---|---|-------------|
| 4.10 | Jesse Brown VA Medical Center<br>Nonpriority Creditor's Name  | — Last 4 digits of account number   | \$3,000.00  |
|      | 820 S. Damen Avenue   | When was the debt incurred? n/a   |             |
|      | Number Street   | As of the date you file the plaim is Check all that apply   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  Contingent                                |             |
|      | Chicago Illinois 60612  | <u> </u>  |             |
|      | City State Zip Code   | Unliquidated  |             |
|      | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |             |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|      | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Is the claim subject to offset?                               | Other. Specify  |             |
|      | ✓ No  | _   |             |
|      | Yes   |   |             |
| 4.11 | NORTHWEST COLLECTORS  | — Look 4 dimits of account mumber 0000  | \$89.00     |
|      | Nonpriority Creditor's Name                                   | Last 4 digits of account number 9096  |             |
|      | 3601 ALGONQUIN RD STE 23<br>Number Street                     | When was the debt incurred?1/1/2016   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  |             |
|      | ROLLING Illinois 60008  | Contingent  |             |
|      | MEADOWS MEADOWS   | Unliquidated  |             |
|      | City State Zip Code   | Disputed  |             |
|      | Who incurred the debt? Check one.  ✓ Debtor 1 only            | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 2 only   | Student loans   |             |
|      | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that                                       |             |
|      | At least one of the debtors and another                       | you did not report as priority claims   |             |
|      | 片   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Check if this claim relates to a community debt               | ✓ Other. Specify  |             |
|      | Is the claim subject to offset?                               |   |             |
|      | =   |   |             |
|      | Yes   |   |             |
| 4.12 | ONEMAIN Nonpriority Creditor's Name                           | Last 4 digits of account number 3056  | \$13,096.00 |
|      | PO BOX 499  | When was the debt incurred?12/1/2015  |             |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|      |   | Contingent  |             |
|      | HANOVER Maryland 21076  | Unliquidated  |             |
|      | City State Zip Code Who incurred the debt? Check one.         |   |             |
|      | Debtor 1 only   | Disputed  |             |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|      | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Is the claim subject to offset?                               | Other. Specify  |             |
|      | ✓ No  | <u> </u>  |             |
|      | Vos   |   |             |

Debtor 1 Charles Case 16-13681 Doc 1 Filed 04/24/416 Entered 04/24/4166/45:09:42 Desc Main
First Name Document Page

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning  | g with 4.5, followed by 4.6, and so forth.   | Total claim |
|--|--|-------------|
| Peoples Gas Nonpriority Creditor's Name 200 E. Randolph Number Street  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent   | \$331.00    |
| Chicago Illinois 60601 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt  Is the claim subject to offset? ✓ No ☐ Yes   | Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify   |             |
| 4.14  STELLAR RECOVERY INC Nonpriority Creditor's Name 4500 Salisbury Rd Ste 10 Number Street   Jacksonville Florida 32216 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Last 4 digits of account number 2734  When was the debt incurred? 10/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify | \$493.00    |
| A.15 TCF Bank Nonpriority Creditor's Name 919 Estes Court Number Street  Schaumburg Illinois 60193 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  | Last 4 digits of account number  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:   | \$200.00    |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No   | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  |             |

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| After listing any en   | ries on this page, nu   | mber them beginnin               | g with 4.5, followed by 4.6, and so forth.  | Total claim |
|--|---|----------------------------------|---|-------------|
| Nonpriority Creditor's<br>3091 S JAMAICA CT<br>Number Street | Creditor's Name<br>IAICA CT STE 20                            |                                  | Last 4 digits of account number VPBN When was the debt incurred? 5/1/2014  As of the date you file, the claim is: Check all that apply.   | \$211.00    |
| 불  | btor 2 only<br>e debtors and another<br>aim relates to a comn | 80014<br>Zip Code<br>nunity debt | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify |             |

Debtor 1 Charles Case 16-13681 First Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6.

|                             | nounts of certain types of unsecured claims. This information is for<br>ounts for each type of unsecured claim. | stati | stical reporting purpose | s only. 28 | 3 U.S.C. §159. |  |
|-----------------------------|---|-------|--------------------------|------------|----------------|--|
|                             |   | Т     | otal claims              |            |                |  |
| Total claims from Part 1    | 6a. Domestic support obligations.   | ia    | \$0.00                   |            |                |  |
|                             | 6b. Taxes and certain other debts you owe the government  | 6b    | \$0.00                   |            |                |  |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | ic.   | \$0.00                   |            |                |  |
|                             | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                     | id.   | \$0.00                   |            |                |  |
|                             | 6e. Total. Add lines 6a through 6d.   | Se.   | \$0.00                   |            |                |  |
|                             |   | Т     | otal claims              |            |                |  |
| Total claims<br>from Part 2 | 6f. Student loans   | Sf    | \$0.00                   |            |                |  |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims     | ig    | \$0.00                   |            |                |  |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | Sh    | \$0.00                   |            |                |  |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                                  | Si    | \$39,552.67              |            |                |  |
|                             | 6j. Total. Add lines 6f through 6i.   | ij.   | \$39,552.67              |            |                |  |

| Fill in this inform          | Case 16-1368 pation to identify your case |                                   | 4/21/16 Entered               | 04/21/16 15:09:42  | Desc Main  |
|------------------------------|---|-----------------------------------|-------------------------------|--|--|
| Debtor 1                     | Charles                                   |                                   | Rogers                        |  |  |
| Debtor 2                     | First Name                                | Middle Name                       | Last Name                     |  |  |
| (Spouse, if filing           | First Name                                | Middle Name                       | Last Name                     |  |  |
| United States Ba             | ankruptcy Court for the:                  | Northern                          | District of Illinois (State)  |  |  |
| Case number                  |   |                                   | (Glale)                       |  |  |
| ,                            | Form 106G                                 |                                   |                               |  | Check if this is a amended filing                                |
| Schedul                      | e G: Execut                               | ory Contracts                     | and Unexpired                 | d Leases   | 12/1   |
|                              | d, copy the additional p                  |                                   |                               |  | ing correct information. If more onal pages, write your name and |
| 1. Do you ha                 | ave any executory                         | contracts or unexpired            | leases?                       |  |  |
| No. Che                      | ck this box and file this for             | m with the court with your othe   | r schedules. You have nothing | g else to report on this form.                                 |  |
| ✓ Yes. Fill                  | in all of the information be              | elow even if the contracts or lea | ases are listed on Schedule A | VB: Property (Official Form 106A                               | /B).   |
|                              |   |                                   |                               | state what each contract or leamples of executory contracts an |  |
| Person                       | or company with whor                      | n you have the contract or le     | ase                           | State what the contrac   | t or lease is for  |
| 2.1 <u>St. Edmur</u><br>Name | nds Court                                 |                                   |                               | Residential Lease,<br>Other,<br>1 year                         |  |

5939 S. Wabash Ave Number

Chicago City Street

Illinois State 60637 Zip Code

|                                   |                                       | Case 16-1368  | 1 Doc 1 Filed 0                  | 14/21/16 Entered             | 04/21/16 15:00:42              | Desc Main   |
|-----------------------------------|---------------------------------------|---|----------------------------------|------------------------------|--------------------------------|---|
| Fill i                            | n this inform                         | ation to identify your case   |                                  | JAIZITTO FINEIEU             | 14/21/10 15.09.42              | Desc Main   |
| Deb                               | tor 1                                 | Charles   | NC III No.                       | Rogers                       | _                              |   |
| Deb                               | tor 2                                 | First Name  | Middle Name                      | Last Name                    | _                              |   |
| (Spo                              | ouse, if filing)                      | First Name  | Middle Name                      | Last Name                    |                                |   |
| Unit                              | ed States Ba                          | ankruptcy Court for the:  | Northern                         | District of Illinois         | _                              |   |
|                                   | e number                              |   |                                  | (State)                      | _                              |   |
| `                                 |                                       | orm 106H  |                                  |                              |                                | Check if this is a amended filing   |
| Sc                                | hedul                                 | e H: Your Co  | debtors                          |                              |                                | 12/1  |
| 1.  <br> <br> <br> <br> <br> <br> | No Yes Within the Louisiana, N No. Go | last 8 years, have you I<br>levada, New Mexico, Pue<br>o to line 3. | ived in a community proper       | and Wisconsin.)              | ,                              | <i>i</i> es include Arizona, California, Idaho,                                 |
|                                   | U Yes. D<br>✓ N                       |   | ouse, or legal equivalent live v | with you at the time?        |                                |   |
|                                   |                                       | es. In which community s  | tate or territory did you live?  | Fill in the                  | name and current address of th | at person.  |
|                                   |                                       | Name of your spouse, for  | ormer spouse, or legal equival   | ent                          | -                              |   |
|                                   |                                       | Number Street   |                                  |                              | -                              |   |
|                                   |                                       | City  | State                            | Zip Code                     | -                              |   |
| ;                                 | as a codeb                            | tor only if that person i   | s a guarantor or cosigner. I     | Make sure you have listed th |                                | the person shown in line 2 again<br>ficial Form 106D), Schedule E/F<br>olumn 2. |
|                                   | Column 1:                             | Your codebtor   |                                  |                              | Column 2: The creditor to      | whom you owe the debt   |

Check all schedules that apply:

| Fill in this                                  | s information to identify  | your case:   |  | 104          | 1/16 15  | :09:42        | Desc Ma             | in                      |
|---|--|--|--|--------------|----------|---------------|---------------------|-------------------------|
| Dobto : 4                                     | Charles  | Doca   | •                                      | . 55 61 7    | ٦        |               |                     |                         |
| Debtor 1                                      | Charles First Name   | Middle Name  | Rogers Last Name                       |              |          |               |                     |                         |
| Dobtor 2                                      | riist Name   | Mildule Name   | Last Name                              |              |          | Check if this | s is:               |                         |
| Debtor 2<br>(Spouse, if f                     | filing) First Name   | Middle Name  | Last Name                              |              |          | An ame        | nded filing         |                         |
|   | o, i not ramo  | Wildale Harrie   | Lactitatio                             |              |          |               | ement showing r     | post-petition chapter 1 |
|   | es Bankruptcy Court for the:   | Northern   | District of Illinois (State)           |              |          |               | es as of the follow |                         |
| Case number                                   | er   |  |  |              |          | MM / D        | D/YYYY              |                         |
| Officia                                       | l Form 106l  |  |  |              |          |               |                     |                         |
| Sched   | lule I: Your Inc   | ome  |  |              |          |               |                     | 12/1                    |
|   | ite your name and ca   | se number (if known). <i>I</i>   | Answer every qu                        | estion.      |          |               |                     |                         |
|   | Fill in your employment  |  | Debtor 1                               |              |          | Debtor 2      | 2                   |                         |
| ·   | information.  If you have more than one job,   | Employment status  | Employed                               |              |          | Emplo         | and.                |                         |
|   |  | . ,  |  |              |          |               |                     |                         |
| •   |  |  | ✓ Not Employed                         |              |          | ☐ Not Er      | nployed             |                         |
|   | attach a separate page with information about additional                             | Occupation   |  |              |          |               |                     |                         |
| •   | employers.   | Employer's name  |  |              |          |               |                     |                         |
|   | Include part time, seasonal,   |  |  |              |          |               |                     |                         |
| (   | or<br>self-employed work.  | Employer's address   | Number Street                          |              |          | Number Str    | eet                 |                         |
| (   | Occupation may include   |  | -                                      |              |          |               |                     |                         |
|   | student  |  |  |              |          |               |                     |                         |
| (   | or homemaker, if it applies.   |  |  |              |          |               |                     |                         |
|   |  |  | City                                   | State        | Zip Code | City          | State               | e Zip Code              |
|   |  | How long employed there?   | ?                                      |              |          |               |                     |                         |
| Estimate are separal If you or you a separate | ated.  bur non-filing spouse have mo sheet to this form.  monthly gross wages, salar | Monthly Income  date you file this form. If you he re than one employer, combine  y, and commissions (before a loulate what the monthly wage w | the information for all all payroll 2. | employers fo |          |               | low. If you need    |                         |
| 3. Estin                                      | nate and list monthly overt  | ime pay.   | 3.                                     |              | + \$0.00 |               |                     |                         |

4. Calculate gross income. Add line 2 + line 3.

\$0.00

Debtor 1 Charles Case 16-13681 Filed 04/24/16 Entered @4/21/116 15:09:42 Desc Main Doc 1 Middle Name Documentame Page 34 of 70 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$0.00 5. List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$2,197.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income 8g. \$2,414,00 8h. Other monthly income. Specify: 8h. -\$0.00 \$4,611.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 10.Calculate monthly income. Add line 7 + line 9. \$4,611.00 \$4,611.00 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$4,611.00 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

|                               | Case 16-1368                   |   | 04/21/16 Entered 04  | <u>//2</u> 1/16 15:09:42 D                 | esc Main                         |
|-------------------------------|--------------------------------|---|--|--|----------------------------------|
| Fill in this infor            | mation to identify your case   | e:  | U U  |  |                                  |
| Debtor 1                      | Charles                        |   | Rogers   |  |                                  |
| <b>D</b> . L                  | First Name                     | Middle Name   | Last Name  | Oh a ala if their in                       |                                  |
| Debtor 2<br>(Spouse, if filin | g) First Name                  | Middle Name   | Last Name  | Check if this is:                          |                                  |
|                               |                                |   |  | An amended filing                          |                                  |
| United States I               | Bankruptcy Court for the:      | Northern  | District of Illinois (State)                                       | A supplement showing expenses as of the fo | ng post-petition chapter 13      |
| Case number                   |                                |   | (Glaic)  |  |                                  |
| (If known)                    |                                |   |  | MM / DD / YYYY                             | _                                |
| Official                      | Form 106J                      |   |  |  |                                  |
|                               |                                |   |  |  |                                  |
| Schedu                        | le J: Your Ex                  | penses  |  |  | 12/1                             |
| nformation. If                |                                |   | re filing together, both are equal form. On the top of any additio |  |                                  |
|                               | cribe Your Househo             | old   |  |  |                                  |
| 1. Is this a joi              |                                |   |  |  |                                  |
|                               | o to line 2                    |   |  |  |                                  |
|                               |                                | manata havrashaldO                                  |  |  |                                  |
| ☐ Yes. D                      | oes Debtor 2 live in a se<br>— | parate nousenoid?                                   |  |  |                                  |
| L                             | No                             |   |  |  |                                  |
|                               | Yes. Debtor 2 must file        | Official Forms 106J-2, Exper                        | nses for Separate Household of De                                  | btor 2.                                    |                                  |
| 2. Do you hav                 | ve dependents? 🗸 N             | 0   |  |  |                                  |
| Do not list D<br>Debtor 2.    |                                | es. Fill out this information for ach dependent     | Dependent's relationship t<br>Debtor 1 or Debtor 2                 | •  | Does dependent live<br>with you? |
| -                             | penses include                 | _   |  |  |                                  |
| expenses of than              | of people other                | 0   |  |  |                                  |
| yourself an                   | d your                         | es  |  |  |                                  |
| dependent                     | s?                             |   |  |  |                                  |
| Part 2: Esti                  | mate Your Ongoing              | Monthly Expenses                                    |  |  |                                  |
| •                             | of a date after the bankr      | . , .   | you are using this form as a supplemental Schedule J, check the    | • • •                                      | •                                |
|                               |                                | ash government assistance on Schedule I: Your Incom |  |  | Your expenses                    |
|                               |                                |   | nclude first mortgage payments and                                 | d  | \$715.00                         |
|                               | or the ground or lot. 4.       | -   |  |  | 4.                               |
| If not incl                   | luded in line 4:               |   |  |  |                                  |
| 4a. Real e                    | state taxes                    |   |  |  | 4a <b>\$0.00</b>                 |
| 4b. Proper                    | rty, homeowner's, or renter    | 's insurance  |  |  | 4b. <b>\$0.00</b>                |
| 4c. Home                      | maintenance, repair, and u     | pkeep expenses                                      |  |  | 4c. <b>\$0.00</b>                |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Charles Case 16-13681 Doc 1 Filed 04/201/16 Entered 04/201/166/045i09:42 Desc Main

Document Page 36 of 70 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$315.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$175.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$350.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$70.00 9. 10. Personal care products and services \$70.00 10. 11. Medical and dental expenses \$40.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$254.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$65.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: Exempt SSI \$2,197.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1          | Charles Case 16-13681 First Name   | Doc 1             | Filed 04k21k16                |                         | 2 Desc Main |            |
|-------------------|--|-------------------|-------------------------------|-------------------------|-------------|------------|
| 21. <b>Other.</b> | Specify:   |                   | Document                      | Page 37 of 70           | 21          | \$0.00     |
| 22 Calcu          | late your monthly expenses.  |                   |                               |                         |             | *          |
|                   | dd lines 4 through 21.   |                   |                               |                         | <u> </u>    | \$4,251.00 |
|                   | copy line 22 (monthly expenses fo  | or Debtor 2) if a | ny from Official Form 106 I   | -2                      | _           | \$0.00     |
|                   |  | ,                 | •                             | -2                      | _           | \$4,251.00 |
|                   | dd line 22a and 22b. The result is                                       | your monthly e    | xpenses.                      |                         | 22.         |            |
|                   | ate your monthly net income.   |                   |                               |                         |             |            |
| 23a. C            | copy line 12 (your combined mont   | hly income) fron  | n Schedule I.                 |                         | 23a _       | \$4,611.00 |
| 23b. C            | opy your monthly expenses from I   | line 22 above.    |                               |                         | 23b         | \$4,251.00 |
|                   | ubtract your monthly expenses fro<br>The result is your monthly net inco | ,                 | income.                       |                         | _           | \$360.00   |
|                   | rne result is your monthly net inco                                      | orne.             |                               |                         | 23c         |            |
| 24. <b>Do yo</b>  | ou expect an increase or decrea  | ase in your ex    | penses within the year af     | ter you file this form? |             |            |
|                   | xample, do you expect to finish pa                                       |                   |                               |                         |             |            |
| mortg             | gage payment to increase or decr   | rease because     | of a modification to the term | ns of your mortgage?    |             |            |
| <b>✓</b> N        | lo   |                   |                               |                         |             |            |
|                   | ⁄es  |                   |                               |                         |             |            |
|                   | Explain here:  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |
|                   |  |                   |                               |                         |             |            |

page 3

|      |                            | 0 10 1000                                | 4 D. 4 E'l. 14              | 24/04/40 ===             |  | Description                            |
|------|----------------------------|--|-----------------------------|--------------------------|--|--|
| Fill | in this inform             | Case 16-1368 ation to identify your case | 1 Doc 1 Filed (<br>•:       | 14/21/16 Ente            | ered 04/21/16 15:09:42                                   | ' Desc Main                            |
| Del  | otor 1                     | Charles                                  |                             | Rogers                   |  |  |
|      |                            | First Name                               | Middle Name                 | Last Name                |  |  |
|      | otor 2<br>ouse, if filing) | First Name                               | Middle Name                 | Last Name                |  |  |
| Uni  | ted States Ba              | ankruptcy Court for the:                 | Northern                    | District of Illinois     |  |  |
|      | se number<br>nown)         |  |                             | (State)                  |  |  |
| Of   | ficial F                   | orm 106De                                | <u>C</u>                    |                          |  | Check if this is an amended filing     |
| De   | clarat                     | ion About a                              | n Individual De             | ebtor's Sch              | edules   | 12/1                                   |
| 1519 | , and 3571.                | Below                                    |                             |                          |  | ears, or both. 18 U.S.C. §§ 152, 1341, |
|      | _                          | y or agree to pay some                   | eone who is NOT an attorne  | y to neip you till out b | ankruptcy forms?   |  |
|      | ✓ No  Yes. N               | lame of person                           |                             |                          | ptcy Petition Preparer's Notice, Dec<br>icial Form 119). | laration, and                          |
| ×    | /s/ Charles Signature of   | re true and correct. s Rogers f Debtor 1 | e that I have read the summ | X Sig                    | nature of Debtor 2                                       |  |
|      | Date <u>4/21/2</u><br>MM/I | 2 <b>016</b><br>DD/YYYY                  |                             | Da                       | e MM/DD/YYYY   |  |

| ing for Bankrupto   | ng correct information. If more (if known). Answer every question                            |
|---|--|
| equally responsible for supplyi<br>rite your name and case number | amended filing  Cy 12/1  ng correct information. If more r (if known). Answer every question |
| equally responsible for supplyi<br>rite your name and case number | amended filing  Cy 12/1  ng correct information. If more r (if known). Answer every question |
| equally responsible for supplyi<br>rite your name and case number | amended filing  Cy 12/1  ng correct information. If more r (if known). Answer every question |
| equally responsible for supplyi<br>rite your name and case number | amended filing  Cy 12/1  ng correct information. If more r (if known). Answer every question |
| equally responsible for supplyi<br>rite your name and case number | amended filing  Cy 12/1  ng correct information. If more r (if known). Answer every question |
| equally responsible for supplyi<br>rite your name and case number | ng correct information. If more (if known). Answer every question                            |
| equally responsible for supplyi<br>rite your name and case number | ng correct information. If more (if known). Answer every question                            |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| r 2:  | Dates Debtor 2 lived there   |
| ime as Debtor 1   | Same as Debtor 1   |
| er Street   | From   |
|   | То   |
| State Zip Co  | ode .  |
| ime as Debtor 1   | Same as Debtor 1   |
| er Street   | From   |
| , Gildet  | To   |
| State Zip Co  | ode  |
| ·   |  |
|   | State Zip Coame as Debtor 1  State Zip Coame as Debtor 1  State Zip Coame as Debtor 1        |

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| First Name        | Middle Name                | Document de la | Page 40 of 70 |  |
|-------------------|----------------------------|--|---------------|--|
| Part 2: Evaluin t | the Sources of Your Income |  |               |  |

|        | Did you have any income from employment Fill in the total amount of income you received f activities. If you are filing a joint case and you have the work of the company o | rom all jobs and all businesses,  | , including part-time  | •  |  |  |
|--------|--|---|--|--|--|--|
|        |  | Debtor 1  | Debtor 2   |  |  |  |
|        |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)            |  |
|        | From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business  |  | Wages, commissions, bonuses, tips Operating a business     |  |  |
|        | For last calendar year: (January 1 to December 31,   | Wages, commissions, bonuses, tips Operating a business  |  | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |  |  |
|        | For the calendar year before that: (January 1 to December 31,  | Wages, commissions, bonuses, tips Operating a business  |  | Wages, commissions, bonuses, tips Operating a business     |  |  |
| l<br>t | Did you receive any other income during this Include income regardless of whether that income benefit payments; pensions; rental income; intereand you have income that you received together, List each source and the gross income from each No Yes. Fill in the details.  | e is taxable. Examples of other<br>est; dividends; money collected<br>list it only once under Debtor 1. | income are alimony; child so<br>from lawsuits; royalties; and    | gambling and lottery winnings.                             |  |  |
|        |  | Debtor 1  |  | Debtor 2   |  |  |
|        |  | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                       | Gross income from each source (before deductions and exclusions) |  |
|        | From January 1 of current year until   | Pension   | \$9,352.00   |  |  |  |
|        | the date you filed for bankruptcy:   | Social Security   | \$95.12  |  |  |  |
|        | For last colonder years  | Pension   | \$28,056.00  |  |  |  |
|        | For last calendar year: (January 1 to December 31, 2015 )  YYYY  | Social Security   | \$28,536.00  |  |  |  |
|        | For the calendar year before that: (January 1 to December 31,2014)   | Pension   | \$28,056.00  |  |  |  |
|        | YYYY   | Social Security   | \$28,251.00  |  |  |  |

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rst Name Document Page 41 of 70

List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other

Charles Case 16-13681 Doc 1 Debtor 1 Document Page 42 of 70 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| 9. | such matters, inclu  |            |                   | a party in any lawsuit<br>aims actions, divorces,  |  |                                       |                | ody modification   | s, and contract |
|----|--|------------|-------------------|--|--|---------------------------------------|----------------|--------------------|-----------------|
|    | lo<br>es. Fill in the details  | <b>5</b> . |                   |  |  |                                       |                |                    |                 |
|    |  |            | Nature            | of the case  | Court or ag                                | gency                                 |                | Status of the      | case            |
|    | Case title   |            |                   |  |  |                                       |                | Pending            |                 |
|    |  |            |                   |  | Court Name                                 | Э                                     |                | On appeal          |                 |
|    | Case number  |            |                   |  | Number Str                                 | · · · · · · · · · · · · · · · · · · · |                | Concluded          | i               |
|    |  |            |                   |  | Number Su                                  | eei                                   |                | _                  |                 |
|    |  |            |                   |  | City                                       | State                                 | Zip Code       |                    |                 |
|    | Case title   |            |                   |  |  |                                       |                | Pending            |                 |
|    |  |            |                   |  | Court Name                                 | 9                                     |                | On appeal          |                 |
|    | Case number  |            |                   |  |  |                                       |                | Concluded          | i               |
|    |  |            |                   |  | Number Str                                 | eet                                   |                |                    | •               |
|    |  |            |                   |  | City                                       | State                                 | Zip Code       |                    |                 |
|    |  |            |                   |  | ,  |                                       | •              |                    |                 |
|    | No. Go to line 11.  Yes. Fill in the inform  CREDIT ACCEPT  Creditor's Name  PO BOX 513  Number Street  Southfield  City |            | 48037<br>Zip Code | Describe the prop  2006 Ford Five Hun  Explain what happ  Property was re Property was for Property was go | dred 116,500  pened  possessed. preclosed. | or levied.                            | Date 4/11/2016 | Value o<br>propert |                 |
|    | City   | State      | Zip Code          | Describe the prop  |  | or icvica.                            | Date           | Value o            | f the           |
|    |  |            |                   | Describe the prop  | erty                                       |                                       | Date           | propert            |                 |
|    |  |            |                   |  |  |                                       |                |                    | -               |
|    | Creditor's Name  |            |                   | -  |  |                                       |                |                    | •               |
|    |  |            |                   | Explain what happ  | ened                                       |                                       |                |                    |                 |
|    | Number Street  |            |                   | - ' ''   |  |                                       |                |                    |                 |
|    | Number Street  |            |                   | Dror art   | naaaaa                                     |                                       |                |                    |                 |
|    |  |            |                   | Property was re  |  |                                       |                |                    |                 |
|    |  |            |                   | Property was to  |  |                                       |                |                    |                 |
|    | City   | State      | Zip Code          |  | arnisneo.<br>tached, seized, c             | or levied                             |                |                    |                 |
|    | CIIV   | State      | ZID CODE          | I I I I I I I Was at   | 11001 100, 301200, C                       | JI ICVICU.                            |                |                    |                 |

| Deb  | tor 1    | CharlesCase 16-13681 First Name                                     |                     | <u>d 04/24/41.6     Entered</u>                            | :42 Desc                 | Main                     |
|------|----------|---|---------------------|--|--------------------------|--------------------------|
| 11.  |          | nin 90 days before you filed for bounts or refuse to make a payment |                     | creditor, including a bank or financial institution, set o | off any amounts fo       | rom your                 |
|      | Ħ        | Yes. Fill in the details.   |                     |  |                          |                          |
|      |          |   |                     | Describe the action the creditor took                      | Date action was taken    | Amount                   |
|      |          | -   |                     |  |                          |                          |
|      |          | Creditor's Name   |                     |  |                          |                          |
|      |          | Number Street   | _                   |  |                          |                          |
|      |          |   |                     | Last 4 digits of account number: XXXX-                     |                          |                          |
|      |          |   |                     |  |                          |                          |
|      |          | City State  | Zip Code            |  |                          |                          |
| 12.  |          | nin 1 year before you filed for bar                                 |                     | your property in the possession of an assignee for the     | ne benefit of credi      | itors, a court-appointed |
|      |          | No  |                     |  |                          |                          |
|      | Ħ        | Yes   |                     |  |                          |                          |
|      |          |   |                     |  |                          |                          |
| Part | 5:       | List Certain Gifts and Con  | tributions          |  |                          |                          |
| 13.  | Wit      | thin 2 years before you filed for b                                 | oankruptcy, did you | give any gifts with a total value of more than \$600 per   | person?                  |                          |
|      | <b>✓</b> | No  |                     |  |                          |                          |
|      |          | Yes. Fill in the details for each gift                              | t.                  |  |                          |                          |
|      |          | Gifts with a total value of more per person                         | than \$600          | Describe the gifts   | Dates you gave the gifts | Value                    |
|      |          |   |                     |  |                          |                          |
|      |          | Person to Whom You Gave the Gift                                    | i                   |  |                          |                          |
|      |          |   |                     |  |                          |                          |
|      |          | Number Street   |                     |  |                          |                          |
|      |          | Number Street   |                     |  |                          |                          |
|      |          | City State  | Zip Code            |  |                          |                          |
|      |          | Person's relationship to you  |                     |  |                          |                          |
|      |          |   |                     |  |                          |                          |
|      |          | Person to Whom You Gave the Gift                                    | i                   |  |                          |                          |
|      |          |   |                     |  |                          |                          |
|      |          | N. ober Otrost  |                     |  |                          |                          |
|      |          | Number Street   |                     |  |                          |                          |
|      |          | City State  | Zip Code            |  |                          |                          |
|      |          | Person's relationship to you  |                     |  |                          |                          |
|      |          |   |                     |  |                          |                          |

|      |            | FIRST Name                                | , N               | /ilddie Name Do        | ocumente Page 45 of 70   |   |                        |
|------|------------|---|-------------------|------------------------|--|---|------------------------|
| 14.  | With       | nin 2 years before ye                     | ou filed for ba   |                        | give any gifts or contributions with a total value of mor  | e than \$600 to an                      | y charity?             |
|      | <b>✓</b>   | No<br>Yes. Fill in the details            | s for each gift o | or contribution.       |  |   |                        |
|      | _          | Gifts with a total va<br>per person       |                   |                        | Describe the gifts   | Dates you gave the gifts                | Value                  |
|      |            | Charity's Name                            |                   |                        |  |   |                        |
|      |            |   |                   |                        |  |   |                        |
|      |            | Number Street                             |                   |                        |  |   |                        |
| Part | 6.         | City<br>_ist Certain Los                  | State             | Zip Code               |  |   |                        |
| 15.  | With       | in 1 year before you                      |                   | kruptcy or since y     | ou filed for bankruptcy, did you lose anything because   | of theft, fire, othe                    | r disaster, or         |
|      | _          | <b>bling?</b><br>No                       |                   |                        |  |   |                        |
|      |            | Yes. Fill in the details                  |                   |                        |  |   |                        |
|      |            | Describe the prope how the loss occur     |                   | ınd                    | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending                           | Date of your loss                       | Value of property lost |
|      |            |   |                   |                        | insurance claims on line 33 of Schedule A/B: Property.   |   |                        |
|      |            |   |                   |                        |  |   |                        |
| Part | <b>7</b> : | ₋ist Certain Payı                         | ments or T        | ransfers               |  |   |                        |
| 16.  | seek       | ing bankruptcy or p                       | reparing a ba     | ankruptcy petition     | r anyone else acting on your behalf pay or transfer any p?<br>?<br>t counseling agencies for services required in your bankrupto |   | ne you consulted about |
|      | _          | No  | ктирісу решіо     | ri preparers, or credi | t courselling agencies for services required in your barinrupid  | .у.                                     |                        |
|      | <b>✓</b>   | Yes. Fill in the details                  |                   |                        |  |   |                        |
|      |            |   |                   |                        | Description and value of any property transferred  | Date payment<br>or transfer<br>was made | Amount of payment      |
|      |            | Semrad Law Firm                           |                   |                        | Semrad Law Firm - \$0.00   | 4/21/2016                               | \$0.00                 |
|      |            | Person Who Was Pa<br>20 South Clark Stree |                   |                        |  |   |                        |
|      |            | Number Street                             | el Zolfi Fiooi    |                        |  |   |                        |
|      |            |   |                   |                        |  |   |                        |
|      |            | Chicago                                   | Illinois          | 60606                  |  |   |                        |
|      |            | City                                      | State             | Zip Code               |  |   |                        |
|      |            | Email or website add<br>None              |                   |                        |  |   |                        |
|      |            | Person Who Made th                        | ne Payment, if I  | Not You                |  | 1                                       |                        |
|      |            | Person Who Was Pa                         | iid               |                        |  |   |                        |
|      |            | Number Street                             |                   |                        |  |   |                        |
|      |            | City                                      | State             | Zip Code               |  |   |                        |
|      |            | Email or website add                      |                   | •                      |  |   |                        |
|      |            |   |                   |                        |  |   |                        |
|      |            | Person Who Made th                        | ne Payment, if I  | Not You                |  | 1                                       |                        |

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| Yes. Fill in the details.  | Description and value of any prop   | erty transferred     | Date payment or transfer | Amount of payme                           |
|--|---|----------------------|--------------------------|---|
|  |   |                      | was made                 |   |
| Person Who Was Paid  |   |                      |                          |   |
| Number Street  |   |                      |                          |   |
| City State Zip Code  | _   |                      |                          |   |
| ordinary course of your business or financial affairs notude both outright transfers and transfers made as se ransfers that you have already listed on this statement.  No Yes. Fill in the details. |   | erest or mortgage or | your property). Do       | not include gifts and                     |
| Tes. Fill iff the details.   | Description and value of any  |                      | property or paym         |   |
|  | property transferred  | received or d        | ebts paid in exch        | ange was made                             |
| Person Who Received Transfer   |   |                      |                          | -   |
| Number Street  |   |                      |                          |   |
| City State Zip Code Person's relationship to you   |   |                      |                          |   |
|  |   |                      |                          |   |
| Person Who Received Transfer   |   |                      |                          |   |
| Person Who Received Transfer  Number Street  |   |                      |                          |   |
|  | _   |                      |                          |   |
| Number Street  City State Zip Code Person's relationship to you  Within 10 years before you filed for bankruptcy, did These are often called asset-protection devices.)  No                          | you transfer any property to a self-settle                                    | d trust or similar d | evice of which yo        | u are a beneficiary?                      |
| Number Street  City State Zip Code Person's relationship to you  Within 10 years before you filed for bankruptcy, did (These are often called asset-protection devices.)                             | you transfer any property to a self-settle  Description and value of the prop |                      | evice of which yo        | u are a beneficiary?  Date trans was made |

Doc 1

Filed 04k24k16 Entered 04k21k16 /145k09:42 Desc Main Documenter Page 47 of 70 List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date account Last balance number instrument was closed, before closing sold, moved, or transfer or transferred XXXX-Checking Person Who Was Paid Savings Money market Number Street Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Money market Number Street Brokerage Other City State Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Name of Financial Institution Name Number Street Number Street City Zip Code State City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it?

State

Name of Storage Facility

Number Street

Name

City

Zip Code

Number

Street

State

Zip Code

City

| Deb  | tor 1     | First Name Middle Name   | Docum             | ënt™ Pa(            | ntered 04/2<br>ge 48 of 70 | പ്പിഫ് ഷ്ട് യോ: <u>42 Desc Mai</u>         | <u>n</u>         |
|------|-----------|--|-------------------|---------------------|----------------------------|--|------------------|
| Part | 9:        | dentify Property You Hold or Control   | I for Some        | one Else            |                            |  |                  |
| 23.  | Doy       | ou hold or control any property that someone   | e else owns? I    | nclude any pro      | perty you borro            | owed from, are storing for, or hold in tru | ust for someone. |
|      | <b>✓</b>  | No   |                   |                     |                            |  |                  |
|      | Ш         | Yes. Fill in the details.  | Where is th       | ne property?        |                            | Describe the contents                      | Value            |
|      |           |  | Where is u        | ie property:        |                            | Describe the contents                      | Value            |
|      |           | Owner's Name   | Number Str        | eet                 |                            | _  |                  |
|      |           | Number Street  |                   |                     |                            | -  |                  |
|      |           |  | _                 |                     |                            | _  |                  |
|      |           |  | City              | State               | Zip Code                   |  |                  |
|      |           | City State Zip Code  | <del>_</del>      |                     |                            |  |                  |
| Part | 10:       | Give Details About Environmental In  | formation         |                     |                            |  |                  |
| For  | the p     | urpose of Part 10, the following definitions apply:  |                   |                     |                            |  |                  |
|      | - E       | nvironmental law means any federal, state, or local  | l statute or requ | ulation concernin   | g pollution, conta         | mination, releases of                      |                  |
|      | ha        | azardous or toxic substances, wastes, or material in   | nto the air, land | l, soil, surface wa | ater, groundwater          |  |                  |
|      |           | cluding statutes or regulations controlling the clear  |                   |                     |                            |  |                  |
|      |           | ite means any location, facility, or property as define<br>used to own, operate, or utilize it, including dispos   |                   | ivironmental law,   | whether you now            | own, operate, or utilize it                |                  |
|      |           | azardous material means anything an environment  |                   | ıs a hazardous w    | aste, hazardous s          | substance,                                 |                  |
|      |           | xic substance, hazardous material, pollutant, conta  |                   |                     |                            |  |                  |
| Rep  | ort al    | notices, releases, and proceedings that you know   | about, regardle   | ess of when they    | occurred.                  |  |                  |
| 04   |           | and the second s | ballabla          |                     |                            | violation of an anvincemental law?         |                  |
| 24.  | паъ       | any governmental unit notified you that you n  | nay be nable t    | or potentially like | able under or in           | violation of an environmental law?         |                  |
|      | $\forall$ | No<br>Yes. Fill in the details.  |                   |                     |                            |  |                  |
|      | ш         | Too. I iii iii do dotaile.   | Governme          | ntal unit           |                            | Environmental law, if you know it          | Date of notice   |
|      |           |  | _                 |                     |                            | _  |                  |
|      |           | Name of site   | Government        | al unit             |                            |  |                  |
|      |           | Number Street  | Number Str        | eet                 |                            | _  |                  |
|      |           |  | - City            | Ctata               | Zip Code                   | _  |                  |
|      |           |  | City              | State               | Zip Code                   |  |                  |
|      |           | City State Zip Code  |                   |                     |                            |  |                  |
| 25.  | Hav       | e you notified any governmental unit of any re   | elease of haza    | rdous material      | ?                          |  |                  |
|      | <b>7</b>  | No   |                   |                     |                            |  |                  |
|      |           | Yes. Fill in the details.  |                   |                     |                            |  |                  |
|      |           |  | Governmen         | ntal unit           |                            | Environmental law, if you know it          | Date of notice   |
|      |           | Name of site   | Government        | al unit             |                            | _  |                  |
|      |           |  | _                 |                     |                            | _  |                  |
|      |           | Number Street  | Number Str        | eet                 |                            |  |                  |
|      |           |  | City              | State               | Zip Code                   | -  |                  |
|      |           | City State 7:00-1-   | _                 |                     | ·                          |  |                  |
|      |           | City State Zip Code  |                   |                     |                            |  |                  |

| Debt | or 1     | CharlesCase 16-13682 First Name                          | L Doc 1 F<br>Middle Name |                             | <u>Entered</u> 04/21<br>Page 49 of 70 | /16/45i09: <u>42</u>   | <u>Desc Main</u>  |
|------|----------|--|--------------------------|-----------------------------|---------------------------------------|------------------------|---|
| 26.  | Hav      | e you been a party in any jud                            | icial or administrat     | ive proceeding under a      | any environmental law                 | ? Include settlements  | and orders.   |
|      | <b>✓</b> | No   |                          |                             |                                       |                        |   |
|      | Ц        | Yes. Fill in the details.                                |                          | Court or agency             |                                       | Nature of the case     | Status of the   |
|      |          |  |                          | Court or agency             |                                       | ivature or the case    | case  |
|      |          | Case title   |                          |                             |                                       |                        | Pending   |
|      |          |  |                          | Court Name                  |                                       |                        | On appeal   |
|      |          | Case number  | _                        | Number Street               |                                       |                        | Concluded   |
|      |          |  |                          | City State                  | Zip Code                              |                        | -   |
| Part | 11:      | Give Details About You                                   | r Business or C          | Connections to An           | y Business                            |                        |   |
| 27.  | Witl     | nin 4 years before you filed fo                          | r hankruntev did v       | ou own a business or        | have any of the follow                | ing connections to any | / husiness?   |
|      | *****    | _  |                          |                             | -                                     |                        | Musilioss.  |
|      |          | A sole proprietor or self-er  A member of a limited liab |                          |                             | •                                     | -time                  |   |
|      |          | A partner in a partnership                               |                          |                             |                                       |                        |   |
|      |          | An officer, director, or mar  An owner of at least 5% of |                          |                             | n                                     |                        |   |
|      |          | No. None of the above applies.                           |                          | occurrings of a corporation | ••                                    |                        |   |
|      | Ħ        | Yes. Check all that apply above                          |                          | below for each business.    |                                       |                        |   |
|      |          |  |                          | Describe the nat            | ure of the business                   |                        | entification number Do not all Security number or ITIN.   |
|      |          |  |                          |                             |                                       | EIN:                   | il Security number of Trin.                               |
|      |          | Business Name  |                          | _                           |                                       | Env.                   |   |
|      |          | Number Street  |                          | Name of accoun              | tant or bookkeeper                    | Dates busine           | ss existed  |
|      |          | City State   | Zin Codo                 | —                           | tall of bookkeepel                    | From                   | То  |
|      |          | City State   | Zip Code                 |                             |                                       | 1.0                    |   |
|      |          |  |                          |                             |                                       |                        |   |
|      |          |  |                          | Describe the nat            | ure of the business                   |                        | entification number Do not<br>al Security number or ITIN. |
|      |          | Business Name  |                          |                             |                                       | EIN:                   |   |
|      |          | Number Street  |                          |                             |                                       | Dates busine           | ss existed  |
|      |          |  |                          | Name of accoun              | tant or bookkeeper                    |                        |   |
|      |          | City State   | Zip Code                 |                             |                                       | From                   | To  |
|      |          |  |                          |                             |                                       |                        |   |
|      |          |  |                          | Describe the nat            | ure of the business                   |                        | entification number Do not all Security number or ITIN.   |
|      |          |  |                          |                             |                                       | EIN:                   | in occurry number of Frist.                               |
|      |          | Business Name  |                          |                             |                                       |                        |   |
|      |          | Number Street  |                          | Name of accoun              | tant or bookkeeper                    | Dates busine           | ss existed  |
|      |          | City State   | Zip Code                 |                             |                                       | From                   | To  |
|      |          |  |                          |                             |                                       |                        |   |
|      |          |  |                          |                             |                                       |                        |   |

| Debto     |   | <u>d 04/234/16 Entered 04/21/166/145</u> :09: <u>42 Desc Main</u><br>ocumenter  |
|-----------|---|---|
|           |   | give a financial statement to anyone about your business? Include all financial institutions,   |
| ]         | No Yes. Fill in the details below.                              |   |
| •         | _   | Date issued   |
|           | Name  | MM/DD/YYYY  |
|           | Number Street   | <del>-</del>  |
|           | City State Zip Code   | <del>-</del>  |
| Part 1    | 2: Sign Below   |   |
| ar        | nd correct. I understand that making a false statement, c       | ffairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a risonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|           | Signature of Debtor 1   | Signature of Debtor 2   |
|           | Date 4/21/2016  | Date  |
|           | id you attach additional pages to Your Statement of Fina No Yes | ancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| D         | id you pay or agree to pay someone who is not an attorn         | ney to help you fill out bankruptcy forms?  |
| <u> -</u> | No  |   |
|           | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |

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### **UNITED STATES BANKRUPTCY COURT**

### **Northern District of Illinois**

| In re | Charles Rogers   |                                  | Case No.  |                               |
|-------|--|----------------------------------|---|-------------------------------|
| -     | Debtor   |                                  |   | (If known)                    |
|       |  |                                  | Chapter   | Chapter 13                    |
|       | DISCLOSURE OF  | COMPENSATION                     | OF ATTORNEY FO  | R DEBTOR                      |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within or rendered or to be rendered on beh | ne year before the filing of the | petition in bankruptcy, or agreed to  | o be paid to me, for services |
|       | For legal services, I have agreed t  | o accept                         |   | \$4,000.00                    |
|       | Prior to the filing of this statement  | I have received                  |   | \$0.00                        |
|       | Balance Due  |                                  |   | \$4,000.00                    |
| 2.    | The source of the compensation pa  | aid to me was:                   |   |                               |
|       | <b>✓</b> Debtor  | Other (specify)                  |   |                               |
| 3.    | The source of the compensation pa  | aid to me is:                    |   |                               |
|       | <b>✓</b> Debtor  | Other (specify)                  |   |                               |
| 4.    | I have not agreed to share the members and associates of m   |                                  | on with any other person unless the   | ey are                        |
|       |  | law firm. A copy of the agree    | ith a other person or persons who a<br>ment, together with a list of the na |                               |
| 5.    | In return for the above-disclosed for  | ee. I have agreed to render le   | gal service for all aspects of the ba                                       | ankruptcy case, including:    |

- - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

|  | CERTIFICATION   |
|--|---|
| I certify that the foregoing is a complete the debtor(s) in this bankruptcy proceeding | statement of any agreement or arrangement for payment to me for representation of . |
| 4/21/2016  | /s/ Angie Harb  |

Signature of Attorney

Semrad Law Firm

Name of law firm

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Date

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.

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- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

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## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

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3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 0 toward the flat fee, leaving a balance due of \$ 4000.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed/

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-13681 Doc 1 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main UNITED STATES BANKBURG OF POURT Northern District of Illinois

| In re:    | Rogers, Charles                                | Case No.                                    |                                      |  |  |
|-----------|--|---|--------------------------------------|--|--|
| Debtor(s) | Debtor(s)                                      | 0.000 110.                                  |                                      |  |  |
|           |  | Chapter.                                    | Chapter13                            |  |  |
|           | VERIFICATION OF CREDITOR MATRIX                |   |                                      |  |  |
|           | The above named Debtors hereby verify that the | attached list of creditors is true and corr | rect to the best of their knowledge. |  |  |
|           |  |   |                                      |  |  |
| Date:     | 4/21/2016                                      | /s/ Rogers, Charles                         |                                      |  |  |
|           |  | Rogers Charles                              |                                      |  |  |

Signature of Debtor

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ONEMAIN PO BOX 499 HANOVER , MD 21076

CAPITAL ONE AUTO FINAN 3901 DALLAS PKWY PLANO, TX 75093

CREDIT ACCEPTANCE PO BOX 513 Southfield , MI 48037

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita , KS 67205

STELLAR RECOVERY INC 4500 Salisbury Rd Ste 10 Jacksonville , FL 32216

FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD 57107

WAKEFIELD & ASSOCIATES 3091 S JAMAICA CT STE 20 AURORA, CO 80014

NORTHWEST COLLECTORS 3601 ALGONQUIN RD STE 23 ROLLING MEADOWS , IL 60008

ARMOR SYSTEMS CO 1700 KIEFER DR STE 1 ZION , IL 60099

CARPET CORNR 4555 S Ashland Ave. Chicago , IL 60609

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181

Peoples Gas 200 E. Randolph Chicago , IL 60601

TCF Bank 919 Estes Court Schaumburg , IL 60193

Jesse Brown VA Medical Center 820 S. Damen Avenue Attn: Bankruptcy Department Chicago , IL 60612 Case 16-13681 Doc 1 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main Edward Hines, Jr. VA Hospital 5000 S 5th Ave, Hines Hines , IL 60141 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main Page 65 of 70

Internal Revenue Service P.O. Box 7346 Philadelphia , PA 19101

Americash Loans 1431 W Montrose Ave Chicago , IL 60613

| Debtor 1 Charles Case 16-First Name  | 13681 Doc 1 Filed 0  | 4/21/16 Entered 04 mem Page 66 of 7  | 1/21/16 15:09:42  | Desc Main  |
|--|--|--|---|--|
|  | estions for Reporting Purpo  | 3  | 10  |  |
| 16. What kind of debts<br>do you have?   | No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primar   | ridual primarily for a persor  ily business debts? Busin iness or investment or thro                               | nal, family, or househoness debts to the operation of the operation operation of the operation operation operation of the operation | old purpose."  that you incurred to he business or   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid tha funds will be available for distribution to unsecured creditors? | paid that funds will be ava  No.  Yes.   | iter 7. Go to line 18.  7. Do you estimate that after any ex illable to distribute to unsecured cr                 |   | nd administrative expenses are   |
| 18. How many creditors do you estimate that you owe?   | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?  |  | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$8                                    | 0 million   | 500,000,001-\$1 billion<br>51,000,000,001-\$10 billion<br>510,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you estimate your liabilities to be?   |  | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$5                                    | 0 million   | 500,000,001-\$1 billion<br>1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion<br>More than \$50 billion   |
| Part 7: Sign Below   |  |  |   |  |
| For you  | I have examined this petition, and correct.  If I have chosen to file under or 13 of title 11, United States proceed under Chapter 7.  If no attorney represents me a  | Chapter 7, I am aware that<br>s Code. I understand the re  | t I may proceed, if elig<br>elief available under ea  | gible, under Chapter 7, 11,12,<br>ach chapter, and I choose to   |
|  | fill out this document, I have of I request relief in accordance I understand making a false s connection with a bankruptcy or both. 18 U.S.C. §§ 152, 13  /s/ Charles Regers Signature of Debtor 1  Executed on 4/21/2016 | obtained and read the notice with the chapter of title 11, statement, concealing properties can result in fines up | ce required by 11 U.S., United States Code, erty, or obtaining mon to \$250,000, or impri   | C. § 342(b). specified in this petition. ey or property by fraud in  |

Doc 1 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main Case 16-13681 Fill in this information to identify your case: Debtor 1 Charles Rogers First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? **√** No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that Lhave read the summary and schedules filed with this declaration and that they are true and dorrect. /s/ Charles Rogers Signature of Debtor 1 Signature of Debtor 2 Date 4/21/2016 Date MM/DD/YYYY MM/DD/YYYY

| Debtor 1 | Charles Case 16-13681  |                   | iled 04/21/16            | Entered 04/21/16 15:09:42  | Desc Main                         |  |  |
|----------|--|-------------------|--------------------------|--|-----------------------------------|--|--|
|          | First Name   | Middle Name       | Document.                | Page 68 of 70  |                                   |  |  |
|          | thin 2 years before you filed for<br>ditors, or other parties.   | bankruptcy, did y | ou give a financial st   | atement to anyone about your business? Ir                                  | clude all financial institutions, |  |  |
| <b>✓</b> | No<br>Yes. Fill in the details below.  |                   |                          |  |                                   |  |  |
| L        | 105. Till ill the detaile below.   |                   | Date issued              |  |                                   |  |  |
|          | Name   |                   | MM/DD/YYYY               | <u></u>  |                                   |  |  |
|          |  |                   |                          |  |                                   |  |  |
|          | Number Street  |                   |                          |  |                                   |  |  |
|          | City State   | Zip Code          |                          |  |                                   |  |  |
| Part 12: | Sign Below   |                   |                          |  |                                   |  |  |
| and -    | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.    Signature of Debtor 2   Date   Date |                   |                          |  |                                   |  |  |
|          | ★ /s/ Charles Rog  | NO                | r imprisonment for up    | Signature of Debtor 2  | 1519, and 35/1.                   |  |  |
| Did v    | /s/ Charles Rog<br>Signature of Debtor<br>Date 4/21/2016   | of Mark           | They's                   | Signature of Debtor 2 Date   |                                   |  |  |
| -        | /s/ Charles Rog<br>Signature of Debtor<br>Date 4/21/2016<br>you attach additional pages to   | of Mark           | They's                   | Signature of Debtor 2  |                                   |  |  |
| V        | /s/ Charles Rog<br>Signature of Debtor<br>Date 4/21/2016   | of Mark           | They's                   | Signature of Debtor 2 Date   |                                   |  |  |
|          | /s/ Charles Rog<br>Signature of Debtor<br>Date 4/21/2016<br>you attach additional pages to No  | Your Statement o  | of Financial Affairs for | Signature of Debtor 2  Date  Individuals Filing for Bankruptcy (Official I |                                   |  |  |
| Did y    | /s/ Charles Rog Signature of Debtor  Date 4/21/2016  you attach additional pages to Y  No  Yes   | Your Statement o  | of Financial Affairs for | Signature of Debtor 2  Date  Individuals Filing for Bankruptcy (Official I |                                   |  |  |

### Case 16-13681 Doc 1 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main

### UNITEDOSTRATES BARKGRUÐ FOY COURT

Northern District of Illinois

| In re: | Rogers, Charles  Debtor(s)                         | Case No   |   |
|--------|--|---|---|
|        |  | Chapter.  | Chapter13                                   |
|        | VERIFICATION                                       | OF CREDITOR MAT   | RIX   |
|        | The above named Debtors hereby verify that the att | ached list of creditors is true a                             | and correct to the best of their knowledge. |
| Date:  | 4/21/2016  | /s/ Rogers, Charles<br>Rogers, Charles<br>Signature of Debtor |   |

| Debt   | or 1     | Charles Case 16-13681 Doc 1 Filed 04/21/16 Entered 04/21/16 15:09:42 Desc Main First Name Documentame Page 70 of 70   |   |
|--------|----------|---|---|
| 16     | Cald     | culate the median family income that applies to you. Follow these steps:  |   |
| 16.    |          |   |   |
|        |          | Fill in the state in which you live. <u>Illinois</u>  |   |
|        |          | Fill in the number of people in your household.   | \$40.744.00   |
|        | 16c.     | Fill in the median family income for your state and size of household  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.   | \$49,741.00   |
| 17.    | How      | v do the lines compare?   |   |
|        | 17a.     | Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).  |   |
|        | 17b.     | Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |   |
| Part   | 3: (     | Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  |   |
| 18.    | Сор      | y your total average monthly income from line 11.   | \$2,414.00  |
| 19.    |          | luct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the mitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  |   |
|        | 19a.     | If the marital adjustment does not apply, fill in 0 on line 19a.  | - <u>\$0.00</u>   |
|        | 19b.     | Subtract line 19a from line 18.   | \$2,414.00  |
| 20.    | Calc     | culate your current monthly income for the year. Follow these steps:  |   |
|        | 20a.     | Copy line 19b.  | \$2,414.00  |
|        |          | Multiply by 12 (the number of months in a year).  | x 12  |
|        | 20b.     | The result is your current monthly income for the year for this part of the form.   | \$28,968.00   |
|        | 20c.     | Copy the median family income for your state and size of household from line 16c.   | \$49,741.00   |
| 21.    | How      | v do the lines compare?   |   |
|        |          | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |   |
|        | lane and | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years.</i> Go to Part 4.   |   |
| Part - | 4: \$    | Sign Below  |   |
|        |          | By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  |   |
|        |          | Signature of Debtor 1  Signature of Debtor 2  | 2   |
|        |          | Date 4/21/2016 Date MM/DD/YYYY  | ž   |
|        |          | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.   |   |
|        |          |   | en na marina na marinama di sarena ari namera ari mandia Minama Marinama e ma |